

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAR 24 AM 9:00

DOCUMENT # 803000024757

1. Corporation Name  
Wyndgate Construction Inc.

2. Principal Office Address - No P.O. Box #  
8706 Allamanda St.

3. Mailing Office Address  
Same

Suite, Apt. #, etc.

City & State  
Hudson, FL

Zip Country  
34667 U.S.A.

**REINSTATEMENT 07-09KS**

4. Date Incorporated or Qualified To Do Business in Florida  
5. FEI Number 412812444 Applied For Not Applicable  
6. CERTIFICATE OF STATUS DESIRED  \$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Timothy Doll  
Street Address (P.O. Box Number is Not Acceptable) 8706 Allamanda St  
Suite, Apt. #, Etc.  
City Hudson State FL Zip Code 34667

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date 3-19-09  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Timothy John Doll	8706 Allamanda St.	Hudson, FL 34667

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03724709--01004--014 \*\*450.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] Timothy J. Doll Date 3-19-09 Daytime Phone # 813-310-2374