

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT 17 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000042614

1. Corporation Name

TAILWIND, INC.

2. Principal Office Address

30 MIDWAY ISLAND

Suite, Apt. #, etc.

City & State

CLEARWATER, FLORIDA

Zip

33767

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

000060695530  
10/18/05--01008--023 \*\*\*150.00

REINSTATEMENT CR2E081F(8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

04/16/2003

5. FEI Number

05-0571393

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

HOAGLIN, RUSTY

Street Address (P.O. Box Number is Not Acceptable)

30 MIDWAY ISLAND

Suite, Apt. #, Etc.

City

CLEARWATER, FLORIDA

State

FL

Zip Code

33767

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

Earl M Hoaglin

REGISTERED AGENT MUST SIGN

Date 10-7-05

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
P	HOAGLIN, RUSTY	30 MIDWAY ISLAND	CLEARWATER, FLORIDA 33767

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 under section 119.07(3)(i), 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:

Earl M Hoaglin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-7-05

Daytime Phone #



October 10, 2005

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: P03000042614  
Tailwinds, Inc.

To Whom It May Concern:

Enclosed you will find the application for reinstatement for the above referenced company. Our client originally mailed what they thought was their annual report to the Corporate Compliance Center along with a check in the amount of \$100.00 in May of 2005. I have enclosed a copy of the letter from Corporate Compliance Center returning their check.

Our client was never notified that their annual report was not filed and subsequently their corporation has been dissolved. We are asking that you abate any reinstatement fees and penalties. Enclosed is a check in the amount of \$150.00 for the annual report filing fee.

If you have any questions please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Ann Courchane".

Ann Courchane  
Staff Accountant  
Appelt Nall & Associates, CPAs

Enclosures: