2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT							r.	,			
DOCUMENT # P03000044567							F1	l.ED			
1. Entity Name						6	15 HAR 21	~~ <i>LJ</i>			
WINDSOR ENTERPRISES USA, INC.				309		C.		PH L.			
				100		TAI	$Q_{k_{IRR}}$	<b>4.</b> 4	19		
Principal Place of Business Mailing Address						neni	Carres	e kilde	ለTP	21/1	
24761 US H	WY 19 N	24761 US HWY 19 N				所是即	BAIG	e nodig	<u></u>	04-0	
SUITE 630 SUITE 630 CLEARWATER, FL 33763 US CLEARWATER, FL 33763			3 US	<u>,                                     </u>					• -	7,, 1,, 1	
2. Principal Place of Business  ### ### ### #######################		3. Mailing Address 851 W STATE ROAD 436			L.	الاللالكي			184 81858 81611 183	06  1  106	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03172005	REIN-P	CR2E	098 (6/04)		
576 /059 City'8'Stāte		516 /059 City & State				4. FEI Numbe		<del></del>	<u> </u>	oplied For	
ALTAMONTE SPRINGS FL		ALTAMOMIC SPAIRS FL				4. FERNUMBE	10-0056	570	<u> </u>	ot Applicable	
Zip	Country	Zip Cour		' a - LE Cortifio			of Status Desire		\$8.75 Add		
32714 - 30	6. Name and Address of Current R	32714 - 3043	Т	Us					Fee Require	d	
	t. Haine and Address of Corrent A	Name	7. Name and Address of New Registered Agent Name  **MARK Sullivan**								
SCOURTAS, LOUIS C					Streat Address (P.O. Box Number is Not Acceptable)  851 STATE RARE 936' STE 1059						
24761 US HWY 19 N SUITE 630					W 5	TATE ROAL	436	516 Jos	<u>9</u>		
CLEARWATER, FL 33763											
					AMOMO	OTE SPEIN	01	FL	Zip Cod		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept											
the obligations of registered agent.											
SIGNATURE											
Signature, typed or printed name of registered agent and title if approache. (NOTE: Registered Agent signature required when reinstalling)  DATE											
EII	LE NOW!!! FEE IS \$300.00			<b>-</b>		·		e with s. 607.			
•	LE NOVIII. PLE 13 \$300.00					İ	corporation (	did not receive	the prior i	notice.	
10.	OFFICERS AND D		11.		<i>n</i>	ADDITIONS/	CHANGES TO (	OFFICERS AND			
TITLE NAME	P SULLIVAN, MARK	☐ Delete	TITLE		Siller	AN, MARK			Change	Addition	
STREET ADDRESS	24761 US HWY 19 N SUITE 630			T ADDRESS	851 W	57.016 R	OAD 436 5	16 1059			
CITY-ST-ZIP	CLEARWATER, FL 33763		CITY-	ST-ZIP	ALTA	MONTE SP	eits fl	32714-30	43		
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CITY-ST-ZIP	CLEARWATER, FL 33763			ST-ZIP							
TITLE	SEC	☐ Delete	TITLE		VP				Change	☐ Addition	
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CITY-ST-ZIP	CLEARWATER, FL 33763			ST-ZIP	851 6	STATE ROAM	1936 STE	1054 22714-304	/3		
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NAME			NAME			71	00043	3888°	157		
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP		04/09	5/05010	118002	***308	:.75	
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NAME		_ 55,1,5	NAME							_	
STREET ADORESS				T ADDRESS						1	
CITY-ST-ZIP	pertify that the information supplied with	this filing does not qualify for		S1-ZIP notion state	ed in Sect	ion 119 07/31/i	). Florida Statute	es. I further cert	ify that the in	nformation	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am anofficer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: MARKSULLIAN CSINIOS 407 865 6248											
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date											