


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000044567		
1. Entity Name WINDSOR ENTERPRISES USA, INC.		

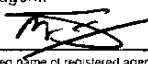
Principal Place of Business 24761 US HWY 19 N SUITE 630 CLEARWATER, FL 33763 US	Mailing Address 24761 US HWY 19 N SUITE 630 CLEARWATER, FL 33763 US
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2. Principal Place of Business 851 W STATE ROAD 436 Suite, Apt. #, etc. STE 1059	3. Mailing Address 851 W STATE ROAD 436 Suite, Apt. #, etc. STE 1059
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City & State ALTAMONTE SPRINGS FL	City & State ALTAMONTE SPRINGS FL
Zip 32714-3043	Country US

6. Name and Address of Current Registered Agent SCOURTAS, LOUIS C 24761 US HWY 19 N SUITE 630 CLEARWATER, FL 33763	
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7. Name and Address of New Registered Agent Name MARK SULLIVAN Street Address (P.O. Box Number is Not Acceptable) 851 W STATE ROAD 436 STE 1059 City ALTAMONTE SPRINGS FL Zip Code 32714-3043	
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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 applicable.	DATE 03/17/05 (NOTE: Registered Agent signature required when reinstating)

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SULLIVAN, MARK 24761 US HWY 19 N SUITE 630 CLEARWATER, FL 33763 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCOURTAS, LOUIS C 24761 US HWY 19 N SUITE 630 CLEARWATER, FL 33763 <input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC SULLIVAN, HILARY J 24761 US HWY 19 N SUITE 630 CLEARWATER, FL 33763 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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FILED
05 MAR 21 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 04-05

03172005	REIN-P	CR2E098 (6/04)
4. FEI Number 20-0056570		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name MARK SULLIVAN	
Street Address (P.O. Box Number is Not Acceptable) 851 W STATE ROAD 436 STE 1059	
City ALTAMONTE SPRINGS FL	Zip Code 32714-3043

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 applicable.	DATE 03/17/05 (NOTE: Registered Agent signature required when reinstating)

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SULLIVAN, MARK 851 W STATE ROAD 436 STE 1059 ALTAMONTE SPRINGS FL 32714-3043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SULLIVAN, HILARY J 851 W STATE ROAD 436 STE 1059 ALTAMONTE SPRINGS FL 32714-3043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an officer 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 03/17/05 407 865 6243 Date Daytime Phone *