

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000096045

1. Corporation Name

Windward Cay Office Park Condominium Association, Inc.

2. Principal Office Address - No P.O. Box #

5 Oakland Ave.

3. Mailing Office Address

POB 396

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oakland, Florida

City & State

Oakland, Florida

Zip

34760

Country

United States

Zip

34760

Country

United States

7. Name and Address of Current Registered Agent

Name

Dudley G. Sharp Jr.

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

369 N. New York Ave., 3rd. Floor

Suite, Apt. #, Etc.

Winter Park

State
FL

Zip Code
32789

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]

REGISTERED AGENT MUST SIGN

Date

9/19/07

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
DPST	MARC GRIMES	5 Oakland Ave.	Oakland, Florida 34760
D	KAREN GRIMES	5 Oakland Ave.	Oakland, Florida 34760
D	PHILLIP CALLAHAN	2413 S. Hiawasse Road	Orlando, Florida 32835

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-18-07

Daytime Phone #

407.656.3523

FILED

07 SEP 20 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (1/07)

05-07

4. Date Incorporated or Qualified
To Do Business in Florida

6/23/2004

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.