

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000040276

1. Entity Name
WIND 4109 GROUP, INC.



Principal Place of Business
1200 BRICKELL AVE STE 900
MIAMI, FL 33131

Mailing Address
1200 BRICKELL AVE STE 900
MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #
2333 BRICKELL AVE.

3. Mailing Address
2333 BRICKELL AVE.

Suite, Apt. #, etc.
SUITE PH-110

Suite, Apt. #, etc.
SUITE PH-110

City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip
33129

Country
U.S.

Zip
33129

Country
U.S.

11052008 REIN-P CR2E098 (1/07)

4. FEI Number
APPLIED FOR 98-0595718

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVE STE 900
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
FABIAN HELLER

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

APT. 506

City
KEY BISCAYNE

FL

Zip Code
33149

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
DAVIN, JOSE M
1200 BRICKELL AVE STE 900
MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVST
DAVIN, FRANCO
1200 BRICKELL AVE STE 900
MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
DAVIN, JOSE M.
2333 BRICKELL AVE. SUITE PH-110
MIAMI, FL. 33129 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVST
DAVIN, FRANCO
2333 BRICKELL AVE. SUITE PH-110
MIAMI, FL. 33129 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

11/05/08

Date

Daytime Phone #

FILED

08 NOV -7 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

