

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P060000131963

1. Corporation Name

GULF WIND VENTURES, INC.

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

5342 Clark Road

Suite, Apt. #, etc.

Suite 200

City & State

Sarasota, Florida

Zip

34233

Country

USA

3. Mailing Office Address

5342 Clark Road

Suite, Apt. #, etc.

Suite 200

City & State

Sarasota, Florida

Zip

34233

Country

USA

7. Name and Address of Current Registered Agent

Name

David Everingham

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

5342 Clark Road

Suite, Apt. #, Etc.

Suite 200

City

Sarasota

State

FL

Zip Code

34233

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

REGISTERED AGENT MUST SIGN

Date

15 June 09

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 |
|--------|--------------------------------------|---|-------------------------|
| PD | David Everingham | 5342 Clark Road, #200 | Sarasota, Florida 34233 |
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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:

President

SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

15 June 09

941-914-8545

Daytime Phone #

FILED

09 JUN 16 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-09

700157289607
06/16/09--01073--010 **1050.00
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 10/17/2006

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.