

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 MAR 23 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P31296

1. Corporation Name

WINDSOME FARMS LIMITED INC.

Principal Place of Business

910 TRAVIS ST  
STE #800  
HOUSTON TX 77002  
US

Mailing Address

910 TRAVIS ST  
STE #800  
HOUSTON TX 77002  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/12/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

06-1280448

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	ULRICH, TIMOTHY W.	910 TRAVIS ST #800	HOUSTON, TX <del>77002</del> 77002
V	QUINN, JOHN E	910 TRAVIS ST #800	HOUSTON TX 77002
<del>PS</del>	<del>KAMINSKI, CHERYL A</del> SUE A. REYNOLDS	<del>8 ST JAMES COURT</del> 910 TRAVIS #800	HAMILTON PARISH FL 77002
			700003203967--2 -04/11/00--01039--029 ***300.00 ***300.00

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Barbara A. Burke*

BARBARA A. BURKE  
SPECIAL ASSISTANT SECRETARY

Date

3-10-00

REGISTERED AGENT MUST SIGN

11. 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 under section 119.07(3)(i), 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

3/10/00  
Date

Daytime Phone #

CR2E040 (8/99)