

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN -2 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000086390

1. Corporation Name

TRADEWIND ENTERPRISES OF CHARLOTTE COUNTY, INC.

Principal Place of Business

Mailing Address

25194 CAMPOS DRIVE
PUNTA GORDA FL 33983

25194 CAMPOS DRIVE
PUNTA GORDA FL 33983

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

11/23/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0548148

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WILLIAMS, JOHN H	25194 CAMPOS DRIVE	PUNTA GORDA FL 33983
D	WILLIAMS, MYRTLE E	27364 TIERRA DEL FUEGO CIRCLE	PUNTA GORDA FL 33983
D	FRASER, LAUREL O	1303 SCHENECTADY AVENUE	BROOKLYN NY 11203
			200002050132--4 -01/08/97--01036--005 ****375.00 ****375.00
			981-3-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, JOHN H
25194 CAMPOS DRIVE
PUNTA GORDA FL 33983

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

John H. Williams
REGISTERED AGENT MUST SIGN

Date 12/28/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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:

John H. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/28/96 (941)743-2780

Daytime Phone #

CR2E940 (7/96)