

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

98 JUN 22 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000002993

1. Corporation Name

WINDERMERE MANAGEMENT INC.

Principal Place of Business

Mailing Address

12717 WINDERMERE ISLES PL
WINDERMERE FL 34786

REINSTATEMENT

97-98
97-00

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

4. Date Incorporated or Qualified To Do Business in Florida

JAN 9, 1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

593379798

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
PRESIDENT AGENT	SAVITRI SINGH	12717 WINDERMERE ISLES PL	WINDERMERE FL 34786
			500002571225--3 -06/24/98--01064--005 ****758.75 ****758.75
			500002571225--3 -06/24/98--01064--006 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

SAVITRI SINGH
12717 WINDERMERE ISLES PL
WINDERMERE FL, 34786

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

Savitri Singh

REGISTERED AGENT MUST SIGN

Date

May 29, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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)(j), 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:

Savitri Singh (SAVITRI SINGH)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 29, 1998

Date

907-876-8498

Daytime Phone #

98-06232