

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000027725

1. Corporation Name

THE WINTERMERE GROUP, INC.

Principal Place of Business
2640 CARTER GROVE CIRCLE
WINTERMERE FL 34786-3402

Mailing Address
2640 CARTER GROVE CIRCLE
WINTERMERE FL 34786-3402

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	04/07/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	Applied For
City & State	City & State	59-3307345	Not Applicable
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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	BYRD, JOHN L	2640 CARTER GROVE CIRCLE	WINTERMERE FL 34786
			200002042962--4
			-01/03/97--01022--021
			****375.00 ****375.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BYRD, JOHN L 2640 CARTER GROVE CIRCLE WINTERMERE FL 34786-3402	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City
	State Zip Code FL

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 L. Byrd REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/12/96

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 L. Byrd REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/96
Date

507-846-6655
Daytime Phone #