

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

96 DEC 27 AM 10: 35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P95000027725

1. Corporation Name

THE WINDERMERE GROUP, INC.

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

Mailing Address  
2640 CARTER GROVE CIRCLE  
WINDERMERE FL 34786-3402



REINSTATEMENT 9600

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 59-3307345	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for 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	BYRD, JOHN L	2640 CARTER GROVE CIRCLE	WINDERMERE FL 34786

200002043962--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  
WINDERMERE FL 34786-3402

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 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)(f), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/96  
Date

907-846-6655  
Daytime Phone