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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION
~~BEING REINSTATED~~



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

2020 UBR

DOCUMENT # PS-0000048993

1. Corporation Name
Windmill Motors, Inc.

2. Principal Office Address
994 Lake Destiny Rd
Suite, Apt. #, etc.
Altamonte Springs, FL
City & State
32714 USA
Zip Country

3. Mailing Office Address
994 Lake Destiny Rd
Suite, Apt. #, etc.
Altamonte Springs, FL
City & State
32714 USA
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 6/19/1995

5. FEI Number 59-3323698 Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Kaidaish, Phillip F.-JR. 400003493434--5
Street Address (P.O. Box Number is Not Acceptable) 505 Wekiwa Springs Rd Suite 800 -12/11/00--01041--015
Suite, Apt. #, Etc. ****150.00 ****150.00

City Longwood State FL Zip Code 32779

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date 11-27-00
REGISTERED AGENT MUST SIGN

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

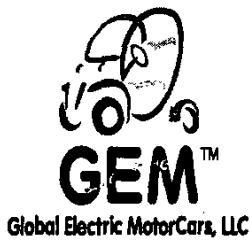
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	John A. Brabb	1590 David Rd	Maitland, FL 32751

KE

10. 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

Date 11-27-00 Daytime Phone # 907-682-5909



Windmill Motors Inc.
994 Lake Destiny Rd
Altamonte Springs, FL
407-682-5909
407-682-2055 Fax

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November 17, 2000

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:,

We found on the internet our corporation was inactive. I made a call to the reinstatement department and they advised me they had the wrong address when they mailed our State return so we never received the form. Michelle, at your office, stated that we should write a letter stating this with the new address posted on our reinstatement form and to enclose a check for \$150.00. Please accept this and reinstate our corporation at the right address as soon as possible. Thank you for all your help in this matter and if you have any questions please call.

Sincerely,

John H. Brabb
President
Windmill Motors Inc.