

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000062766**

1. Corporation Name

WINDY CITY ENTERPRISES, INC.

Principal Place of Business

Mailing Address

6227 N. WASHINGTON BLVD
SARASOTA FL 34243
US

6227 N. WASHINGTON BLVD
SARASOTA FL 34243
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/1995

5. FEI Number

65-0607614

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	CAROLLO, SHARON L	2901 26 STREET W	BRADENTON FL 34205
D	CAROLLO, JOSEPH W	2901 26 STREET W	BRADENTON FL 34205
D	CAROLLO, RICK J	2901 26 STREET W	BRADENTON FL 34205
S	CAROLLO, STACEY L	4676 33RD STREET EAST	BRADENTON FL 34203
DV	CAROLLO, THOMAS J	4676 33RD STREET EAST	BRADENTON FL 34203
DV	TILTON, MICHAEL	2231 INDUSTRIAL BLVD	SARASOTA FL 34234

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAROLLO, THOMAS
4676 33RD ST EAST
BRADENTON FL 34203

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. or 617.0505, F.S.

Signature of
Registered Agent

Thomas J. Carollo
REGISTERED AGENT MUST SIGN

Date

2-11-04

11. 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)(l), 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.

THOMAS J. CAROLLO V.P.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-04

Date

941-360-8777

Daytime Phone #

FILED

04 FEB 16 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04



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02/16/04--01013--001 **900.00

CR2040 (7/03)