

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 16 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P9600048384

1. Corporation Name

NORTHWIND INDUSTRIES, INC.

2. Principal Office Address

2621 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33432

Country

USA

3. Mailing Office Address

2621 N FEDERAL HIGHWAY

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33432

Country

USA

**REINSTATEMENT**

02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

JUNE 6, 1996

5. FEI Number

65-0669641

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

Joseph J. Pappacoda ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)

Jay Mark Building 1300025509539

Suite, Apt. #, Etc.

500 SE 6th St, Suite #100

City

Fort Lauderdale

State

FL

Zip Code

33301

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

Joseph J. Pappacoda

REGISTERED AGENT MUST SIGN

Date June 23, 2003

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

P

DAVID F. MAXWELL

3135 CEDAR HOLLOW LANE

BOCA RATON, FL 33433

~~THE~~

T/S

PAUL D MAXWELL

2065 NW 12TH TERRACE

CORAL SPRINGS FL 33071

D

DEAN GARDELLA

250 SOUTH OCEAN BLVD  
APT # 258

DELRAY BEACH, FL  
33483

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL D MAXWELL

JUNE 23, 2003 (36) 417-9665

Date

Daytime Phone #

CR2E081 (10/02)