

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB -2 AM 9:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000080560

1. Corporation Name

WinVista Corporation

REINSTATEMENT 07-04

2. Principal Office Address

127 Fairbanks Ave

3. Mailing Office Address

127 Fairbanks Ave

Suite, Apt. #, etc.

#454

Suite, Apt. #, etc.

#454

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789

Country

USA

Zip

32789

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/30/1996

5. FEI Number

65-0767599

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

Mark J. Bryn

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

2 S. Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 2680

City

Miami

State
FL

Zip Code
33131

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]

REGISTERED AGENT MUST SIGN

Date

1/30/04

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
CD	Michael S. Fields	9000 Crow Canyon Blvd, S-388	Danville, CA 94506
D	William Clifford	370 Cognewaugh Rd	Cos Cob, CT 06807
DPS	William Rowe	127 Fairbanks Ave #454	Winter Park, FL 32789

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

Michael S. Fields

Date

29 Jan 2004

Daytime Phone #

925 648 8500

CR2E081 (10/03)