PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 JAN 13 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000101449

1. Corporation Name: WINDOVER INTERNATIONAL, INC.

Principal Place of Business / Mailing Address:
222 S. New York Avenue
Suite 3
Winter Park, FL 32789

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99-00

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: December 17, 1996

5. FEI Number: 59-3414759 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ — SB 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)

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
P	Scott Honan	222 S. New York Ave. Suite 3	Winter Park, FL 32789

300003097863--6

8. Name and Address of Current Registered Agent
Scott Honan
222 S. New York Ave., Suite 3
Winter Park, FL 32789

9. Name and Address of New Registered Agent
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: Scott Honan — REGISTERED AGENT MUST SIGN — Date 1/4/00

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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)(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.

KE

SIGNATURE: PABS — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Scott C. Honan, Pres. — Date 1/4/00 — Daytime Phone # 407 599 9604

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CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 551069 4359488

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 900.00

ORDER DATE : January 13, 2000

ORDER TIME : 1:05 PM

ORDER NO. : 551069-005

CUSTOMER NO: 4359488

CUSTOMER: Ms. Carol W. Campbell
Wright Railey & Harding, P.a.
20 North Eola Drive

Orlando, FL 32801

DOMESTIC FILINGS

RECEIVED
00 JAN 13 PM 1:48
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: WINDOVER INTERNATIONAL, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

EXAMINER'S INITIALS KE