PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
Apr 02, 2002 8:00 A.M.
Secretary of State

REINSTATEMENT 01-02

DOCUMENT # P96000101449

1. Corporation Name
Windover International, Inc.

2. Principal Office Address		3. Mailing Office Address	
222 S. New York Ave		222 S. New York Ave	
Suite, Apt. #, etc. Suite 3		Suite, Apt. #, etc. Suite 3	
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: 12/17/96
5. FEI Number: 59-3414759 ☐ Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent
Name: Scott Honan
Street Address (P.O. Box Number is Not Acceptable): 222 S. New York Avenue
Suite, Apt. #, Etc.: Suite 3
City: Winter Park State: FL Zip Code: 32789

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: 11/7/01
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
P	Scott Honan	222 W. New York Ave	Winter Park, FL 32789

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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] 11/07/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E041 (8/00)

ACCOUNT NO. : 072100000032

REFERENCE : 506945 81523A

AUTHORIZATION : Patricia Pujols

COST LIMIT : $ 900.00

ORDER DATE : April 2, 2002

ORDER TIME : 11:59 AM

ORDER NO. : 506945-005

CUSTOMER NO: 81523A

CUSTOMER: Daniel L. Decubellis, Esq
Decubellis & Meeks
837 North Garland Avenue

Orlando, FL 32801

RECEIVED
02 APR -2 PM 0:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

DOMESTIC FILINGS

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: Susie Knight EX 1156

EXAMINER'S INITIALS _____