

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000011802

1. Corporation Name

WINDSOR REFERRAL NETWORK, INC.

Principal Place of Business

5205-C 26TH STREET
BRADENTON FL 34207

Mailing Address

5205-C 26TH STREET
BRADENTON FL 34207

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

2. New Principal Office Address, If Applicable
1815 S OSPREY AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
1815 S. OSPREY AVE
Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34239 COUNTRY SARASOTA

City & State

SARASOTA, FL

Zip

34239 COUNTRY SARASOTA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)
PSTD	2	ROSARIO, DELIA M	5205-C 26TH STREET WEST
V	2	Souders, Ann	5205-C 26TH STREET WEST

4. City / State / Zip

BRADENTON FL 34207

BRADENTON FL 34207

60000027999186-5

-03/09/99-01089-009

****750.00 ****750.00

60000027999186-5

-03/09/99-01089-010

****150.00 ****150.00

B. Name and Address of Current Registered Agent

ROSARIO, DELIA
5205-C 26TH STREET WEST
BRADENTON FL 34207

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code
FL

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

Delia Rosario

REGISTERED AGENT MUST SIGN

Date

1/15/99

(See other side for information
on intangible tax)

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes No

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.

SIGNATURE: *Delia Rosario*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delia Rosario

1/15/99 (941)366-7673

Daytime Phone #