

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 17 PH 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #** P97000091654

**1. Corporation Name**

WINDSONG DEVELOPMENT, INC.

900005678679--2  
-06/05/02--01002--001  
\*\*\*\*750.00 \*\*\*\*750.00

**2. Principal Office Address**

101 S. Florida Ave.

Suite, Apt. #, etc.

**3. Mailing Office Address**

101 S. Florida Ave.

Suite, Apt. #, etc.

**City & State**

Lakeland, FL

**City & State**

Lakeland, FL

**Zip**

33801

**Country**

USA

**Zip**

33801

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/24/1997

**5. FEI Number**

02-0599246

**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** Stephen C. Watson

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

101 S. Florida Ave.

**Suite, Apt. #, Etc.**

**City**

Lakeland

**State**

FL

**Zip Code**

33801

**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**

REGISTERED AGENT MUST SIGN

**Date**

5/15/02

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
D	Stephen C. Watson	101 S. Florida Ave.	Lakeland, FL 33801
D	Joseph B. Tedder	811 E. Main St.	Lakeland, FL 33801
D	Robert E. Warnock	117 Heather Pt. Dr.	Lakeland, FL 33809

**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

Stephen C. Watson

**Date**

5/15/02

**Daytime Phone #**

(863) 688-7747

CR2E081 (9/01)

js 5/24/02

**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF POLK

On this day personally appeared **MARY ANN KRIEG**, who, upon oath, deposes and says:

1. That this Affidavit is submitted in support of the request for waiver of reinstatement of corporation fees by Stephen C. Watson, Registered Agent of WINDSONG DEVELOPMENT, INC., a dissolved Florida corporation.
2. Affiant would state that she has been employed by Stephen C. Watson in his office as his assistant continuously since March, 1994, in his offices located at 101 S. Florida Avenue, Lakeland, FL 33801.
3. Affiant would state that she receives, sorts, distributes and opens mail routinely and on a daily basis for Stephen C. Watson.
4. Affiant would state that she has no recollection of annual reports or notices concerning annual reports being received in Mr. Watson's office regarding WINDSONG DEVELOPMENT, INC.
5. Affiant would state that to the best of her knowledge no annual reports concerning WINDSONG DEVELOPMENT, INC. or notices concerning said annual reports were received in the offices of Stephen C. Watson at 101 S. Florida Ave., Lakeland, FL 33801 and that the allegations and facts contained herein are true, accurate and correct.

DATED this 15th day of May, 2002.

  
MARY ANN KRIEG

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 15<sup>th</sup> day of  
May, 2002, by MARY ANN KRIEG, who is personally known to me.

(SEAL)

Iris R. Caudill  
Iris R. Caudill

(Print or Type Notary's Name)

NOTARY PUBLIC STATE OF FLORIDA

COMMISSION NO: \_\_\_\_\_

My Commission Expires: 9/15/02



Iris R. Caudill  
MY COMMISSION # CC758082 EXPIRES  
September 15, 2002  
BONDED THRU TROY FAIR INSURANCE, INC.