

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000102821

1. Corporation Name

WINDWARD DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

~~24 WALTER MARTIN ROAD~~
FORT WALTON BEACH FL 32548

~~24 WALTER MARTIN ROAD~~
FORT WALTON BEACH FL 32548

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

2. New Principal Office Address, If Applicable

105 Auburn Road

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

105 Auburn Road

Suite, Apt. #, etc.

City & State

City & State

Zip

32547

Country

Zip

32547

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/1997

5. FEI Number

59-3529635

Applied For

APPLIED FOR

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	EVANS, LEILA J	P.O. DRAWER 1320	FORT WALTON BEACH FL 32548
P	Leo A. Whitworth, Jr.	105 Auburn Road	Fort Walton Beach, FL 32547

8. Name and Address of Current Registered Agent

EVANS, LEILA J
24 WALTER MARTIN ROAD
FORT WALTON BEACH FL 32548

9. Name and Address of New Registered Agent

Name
Leo A. Whitworth, Jr.

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

105 Auburn Road

Suite, Apt. #, Etc.

City

Fort Walton Beach

State

FL

Zip Code

32547

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11-5-99

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-5-99

Date

(850) 862-6861

Daytime Phone #