

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P98000077831**

1. Corporation Name  
**WINDANSEA APPAREL CO.**

Principal Place of Business Mailing Address  
**1015 ATLANTIC BLVD., Suite #888  
ATLANTIC BEACH FL 32233**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

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	ERIK PETRONI	1015 ATLANTIC BLVD SUITE # 888	ATLANTIC BEACH FL 32233
V	GERARD PETRONI	" "	400003038954--4 -11/09/99--01009--024 *****8.75 *****8.75
T	REIDUNN PETRONI	" "	" "
D	KARIDA PETRONI	" "	400003038954--4 -11/09/99--01009--025 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <b>ERIK PETRONI</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>1015 ATLANTIC BLVD</b>	
		Suite, Apt. #, Etc. <b>SUITE # 888</b>	
		City <b>ATLANTIC BEACH</b>	State <b>FL</b>
		Zip Code <b>32233</b>	

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 Date **Nov-4-99**  
REGISTERED AGENT MUST SIGN

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.

SIGNATURE: Date **Nov-4-99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FILED

99 NOV -4 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR25081 (12/98)