

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 22 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000019529

1. Corporation Name

Windsor Capital Mortgage & Investment Services, Inc

2. Principal Office Address

PO Box 340470

3. Mailing Office Address

PO Box 340470

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa

City & State

Tampa

Zip

33694-0470

Country

Zip

33694-0470

Country

4. Date Incorporated or Qualified

To Do Business in Florida 2/25/99

5. FEI Number

59-3559502

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-09

7. Name and Address of Current Registered Agent

Name

Thomas M. Langston

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

4012 Lady Palm Court

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code
33624

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

Thomas M. Langston

REGISTERED AGENT MUST SIGN

Date

4/14/04

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
D	Thomas M. Langston	PO Box 340470	Tampa, FL 33694-0470

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)(f), 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

Thomas M. Langston Thomas M. Langston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/04

Daytime Phone #

813 909 2388

CR2E081 (01/04)

WINDSOR CAPITAL MORTGAGE & INVESTMENT
SERVICES, INC.

From The Desk Of Thomas M Langston:

April 19, 2004

Department Of State
Division Of Corporations
409 East Gaines St.
Tallahassee, FL 32399

To Whom It May Concern:

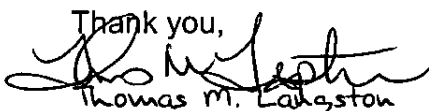
As per my phone conversation with Barbara in your office, please find the enclosed Corporation Reinstatement form, along with a check for \$300.00 for last years and this years Corporation renewals.

We did not receive our renewal form last year or this year to file our Yearly Annual Report, we were not aware that last years was not filed until we did not get this years form and then called your office.

Barbara stated that since we did not receive the Renewals we would only have to pay the \$150.00 per year and not the extra fees for reinstatement. I thank you for your time and consideration in this matter in advance.

Should you have any questions, please call my office at 813-969-2388-

Thank you,



Thomas M. Langston
Thomas M Langston
Director