

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 28 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000023399

1. Corporation Name

TRADEWINDS INTERIOR INC

2. Principal Office Address

1327 DIXIE LEE LANE

Suite, Apt. #, etc.

3. Mailing Office Address

1327 DIXIE LEE LANE

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34231

Country

US

City & State

SARASOTA, FL

Zip

34231

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

3/1/99

5. FEI Number

65-0924095

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

VIRGINIA GALER

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

1327 DIXIE LEE LANE

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34231

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

Virginia Galer

Date 4/15/04

REGISTERED AGENT MUST SIGN

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
PTSD	VIRGINIA GALER	1327 DIXIE LEE LANE	SARASOTA, FL 34231

2000033158412
04/20/04--01058--019 **300.00

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:

Virginia Galer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04
Date

941 906 1777
Daytime Phone #

CR2E081 (01/04)

TRADEWINDS INTERIORS, INC.

DESIGN CONSULTANTS

222

April 15, 2004

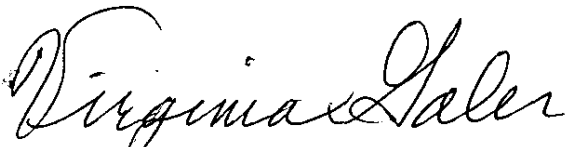
*Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314*

*RE: Document #P99000023399
Tradewinds Interiors, Inc.*

As per my telephone conversation today, with the Division of Corporations reinstatement line, enclosed please find the reinstatement form with my check for \$300.00. Please waive the \$600.00 reinstatement fee. We never received the card last year (2003) to file the annual report. Please notice the change of address on the form.

If you have any questions, please call my bookkeeper, Laura Avery, at 941-737-3485. Thank you.

Sincerely,



*Virginia Galer, President
Tradewinds Interiors, Inc.*

Enck