

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000063578

1. Corporation Name

WINDJET MANUFACTURING, INC.

Principal Place of Business

3749 N FEDERAL HWY
POMPANO BEACH FL 33064

Mailing Address

3749 N FEDERAL HWY
POMPANO BEACH FL 33064

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

2. New Principal Office Address, If Applicable

4607 N. DIXIE HWY
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4607 N. DIXIE HWY
Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

Zip
33064

Country

BROWARD

City & State

POMPANO BEACH FL

Zip
33064

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/1999

5. FEI Number

84-1375738

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	DYKSTRA, JOHN O	3749 N FEDERAL HWY 4607 N. DIXIE HWY	POMPANO BEACH FL 33064
V	WILLIS, DON	3749 N FEDERAL HWY 4607 N. DIXIE HWY	POMPANO BEACH FL 33064
ST	DYKSTRA, PATRICIA	3749 N FEDERAL HWY 4607 N. DIXIE HWY	POMPANO BEACH FL 33064

3000003491163-3
-12/07/00--01079--0704
****758.75 ****758.75

8. Name and Address of Current Registered Agent

GIUNTA, PATRICK B
3749 N FEDERAL HWY
POMPANO BEACH FL 33064

9. Name and Address of New Registered Agent

Name

DON WILLIS

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

4607 N. DIXIE HWY

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33064

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

SIGNATURE REQUIRED

Date 11-3-00

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
JOHN O. DYKSTRA

11-3-00 954-788-2402
Date Daytime Phone #