PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		I LEAGE HEAD	766 11101	1100110110	DEI OILE C			J		
APF REIN	PLICAT FOR	ION A	A	DEPARTMEN Jim Smith Secretary of S	tate			FILE	:D	
DOCUMENT # P9900096280							02 NOV 27 PM 3: 16			
1. Corporat		, ,,						100 AN		
WINDSPIRIT PRODUCTIONS, INC.							SECRETARY OF STATE TALLAHASSEE FLORIDA 11/27/0201054013 **150.00			
Principal Place of Business Mailing Address									15U.UU 1100 100 000 100	
6115 WYZD JUPITER F	ing lake DR L 33458		6115 WINDIN JUPITER FL							
		incorrect in any way, line thr		nformation and enter						
3029 SC	LORNI	Address, If Applicable VGWOOD PACE		E MORNINGWO	Idress, If Applicable 4. Date Incorporated or Qualifie To Do Business in Florida			01/01/2000		
City & State City & State						5. FEI Number	-85-0406353 7 180	Applied For Not Applicable		
TID Country Zin				Counti	v	6.	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status		
		draceas of Each Officer and			USA etions must list at lea			lor a Ce		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corp. Title(s) 2 Name of Officers and/or Directors 3					reet Address of Each ficer and/or Director	ch City / State / Zin				
VPS	PETRO, Y	VONNE		HH 3029 36		SEDONA AZ 86	336			
P	PETRO, ROBERT J			6115 WINDING	ANDONE DE	JUPITER FL 33458				
	8. Nan	ne and Address of Current	Registered Age	ent		9. Name and A	Address of New Re	gistered Agent		
PETRO), ROBERT				Name					
	AINDING L	KEDR 12472	SE PL	4NDONE DR	-\$	P.O. Box Number is Not Acceptable)				
JUPITER FL 33455 HOBE SOUND, FL 33455					Suite, Apt. #, Etc.					
					City			State Zip	Code	
10. I, being Signature o Registered	ıf	e registered agent of the abo		oration, am familiar w	ith and accept the c	obligations of Secti		7 617.0505, F.S.	02	
this rein owed by	statement ap the corporat	officer or director or the rece plication, the reason for diss tion have been paid and the true and accurate, and my si	olution has been names of individ	n eliminated, the corp duals listed on this fo	orate name satisfies rm do not qualify for	the requirements an exemption un	of section 607.0401	1 or 617.0401, F.	S., that all fees	

SIGNATURE:

11/20/07 772-545-9777
Date Daytime Phone #

Windspirit Productions, Inc.

8029 SE Morningwood Place Hobe Sound, FL 33455

Phone 772-545-9777

November 20, 2002

Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern,

The enclosed is an application for reinstatement, including a reinstatement fee of \$150.00. It is my understanding that the \$750.00 fee is waived if we did not receive the two prior uniform business reports. Since the beginning of the year Windspirit Productions, Inc. has undergone two temporary address changes with our mail being forwarded until the construction of our new office was completed at the end of July. We did not receive these two reports, among many other important items we should have received from other parties.

If there is anything further I need to send in or if you have any questions, please do not hesitate to contact me.

Sincerely,

Yvonne J. Petro Vice President