

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000100868

1. Corporation Name

WINDWARD CAY, INC.

Principal Place of Business

P.O. BOX 396
OAKLAND FL 34760

Mailing Address

P.O. BOX 396
OAKLAND FL 34760

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

2. New Principal Office Address, If Applicable

71 EAST CHURCH ST.

Suite, Apt. #, etc.

SUITE 200

CITY & STATE
ORLANDO, FL

Zip
32801

Country
ORANGE

3. New Mailing Office Address, If Applicable

71 EAST CHURCH ST.

Suite, Apt. #, etc.

SUITE 200

CITY & STATE
ORLANDO, FL

Zip
32801

Country
ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1999

5. FEI Number

59-3617989

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JUNE, RHOLAND A II	P.O. BOX 396 N/A 71 EAST CHURCH ST. SUITE 200	OAKLAND FL 34760 ORLANDO FL 32801
D	GRIMES, MARC	P.O. BOX 396 N/A	OAKLAND FL 34760
			100003455521--8
			-11707700--01090--017
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

PRATT, JAMES R
369 N. NEW YORK AVE., 3RD FLOOR
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 10.10.00

REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROHLAND A. JUNE

10/10/2000

Daytime Phone #

407 839-6000