

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR **97**  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 FEB 13 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **522023**

1. Corporation Name **Gone With the Wind INC.**  
**167 SEAGATE RD**  
**PalM Beach, Fla.**

Principal Place of Business Mailing Address  
**SAME AS ABOVE**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>12/20/90</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<b>D</b>	<b>BERNARD J. RISTUCCIA</b>	<b>167 Seagate Rd</b>	<b>PalM Beach, FL 33480</b>
			<b>700002088187--9</b>
			<b>-02/14/97--01077--002</b>
			<b>***1583.75 ***1583.75</b>

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

**DAVID J. KENNEDY**  
**120 N. SEMINOLE AVE**  
**INVERNESS, FL. 32650**

9. Name and Address of New Registered Agent

Name **BERNARD RISTUCCIA**  
Street Address (P.O. Box Number is Not Acceptable) **167 Seagate Rd**  
Suite, Apt. #, Etc. \_\_\_\_\_  
City **PalM Beach** State **FL** Zip Code **33480**

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

Date **2/11/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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

**2/11/97** **561-845-0760**  
Date Daytime Phone #