

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
Oct 27, 2003 8:00 A.M.
Secretary of State

DOCUMENT # **S58039**

1. Corporation Name

LAW OFFICES OF RAY WINDSOR, P.A.

Principal Place of Business

Mailing Address

240 TORCHWOOD AVE
PLANTATION FL 33324
US

240 TORCHWOOD AVE
PLANTATION FL 33324
US



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

06/07/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0268337

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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	WINDSOR, RAY	240 TORCHWOOD AVE	PLANTATION FL 3332

REINSTATEMENT 03

400023770224
10/14/03--01010--017 **750.00

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FILINGS INC.
3732 N.W. 16TH ST.
FORT LAUDERDALE FL 33311

Name

Ray Windsor

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

240 Torchwood Ave

Suite, Apt. #, Etc.

PT

City

Plantation FL

State

FL

Zip Code

33324

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. or 617.0505, F.S.

Signature of
Registered Agent

Ray Windsor 240 Torchwood Ave Plantation FL
Date 10/13/03

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Raymond M. Windsor RAYMOND M. WINDSOR 11/3/03 (954) 771-6400

CR2E040 (7/03)