

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 29 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 568563

1. Corporation Name

WINEWOOD I, INC.

2. Principal Office Address

880 John Anderson Dr.

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

32176

Country

US

3. Mailing Office Address

880 John Anderson Dr.

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

32176

Country

US

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/1991

5. FEI Number

593108403

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jeffrey C. Sweet

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

595 W. Granada Blvd., Suite A

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32174

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

7/1/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Jeffrey C. Sweet	595 W. Granada Blvd., Suite A	Ormond Beach, FL 32174
D	Thurman Gillespy, Jr., M.D.	880 John Anderson Dr.	Ormond Beach, FL 32176

200040260412
08/17/04--01068--010 **\$900.00

10. 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
Thurman Gillespy, Jr., M.D., Director

Date

7/1/04

Daytime Phone #

386-677-3431