

APPROVED  
AND

PLEASE READ ALL INSTRUCTIONS BEFORE C

**FILED**  
**Jun 21, 2002 8:00 A.M.**  
**Secretary of State**

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P00000061287

1. Corporation Name  
WINNING SPREE FARM, INC.

2. Principal Office Address  
2952 NE 175th St

3. Mailing Office Address  
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Citra, FL.

City & State

Zip  
32113

Country  
USA

Zip

Country

**REINSTATEMENT 2001-2002**

4. Date Incorporated or Qualified To Do Business in Florida 06-23-2000

5. FEI Number 59-2979156

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name  
BeBe Luxon

Street Address (P.O. Box Number is Not Acceptable)  
2952 NE 175th St.

Suite, Apt. #, Etc.

City  
Citra,

State  
FL

Zip Code  
32113

380006154063-4  
-07/02/02--01050-014  
\*\*\*\*900.00 \*\*\*\*900.00

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  
*BeBe Luxon*

REGISTERED AGENT MUST SIGN

Date  
6/20/2002

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
P/S	BeBe Luxon	2952 NE 175th St.	Citra, FL. 32113
VP/T	Richard Luxon	2952 NE 175th St.	Citra, FL. 32113
VP	Valleri James	2952 NE 175th St.	Citra, FL. 32113

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)(f), 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: *Richard W. Luxon*  
Richard W. Luxon

Date  
6-13-02

Daytime Phone #  
727-526-1929

CR0001 (03/01)