

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Division of Corporations

97-99 AR

DOCUMENT # 996000024631

1. Corporation Name

Winning Concepts, Inc.

W99-1429

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

2320 South Third St

Suite, Apt. #, etc.

Suite 3

City & State

Jacksonville Bch, FL

Zip

32250

Country

USA

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

3/12/96

5. FEI Number

59-3371809

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 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
P	Kathryn L Whitson	1863 2nd St. South	Jacksonville Bch, FL 32250
D/T	Jeffrey L Whitson	1863 2nd St South	Jacksonville Bch, FL 32250
V	B. Oscar Anderson	2600 S. Williston Rd #802	Gainesville FL 32608

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 ****473.75 ****473.75

8. Name and Address of Current Registered Agent

LARRY WOLFE
 200-A JOHN KNOX ROAD
 TALLAHASSEE, FL 32303-6643

9. Name and Address of New Registered Agent

Name
 Corporation Service Company
 Street Address (P.O. Box Number is Not Acceptable)
 1201 Hays Street
 Suite, Apt. #, Etc

City
 Tallahassee

State
 FL

Zip Code
 32301

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

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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 *Kathryn L Whitson* KATHRYN L WHITSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/10/98

Daytime Phone # 904-246-1811

CP20940-061

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December 13, 1998


Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, Fl. 32399

Dear Sirs:

I have enclosed an application for reinstatement of our corporation, Winning Concepts, Inc., which was dissolved by your office due to failure to complete the annual report form to your office. We had never received any report form from this office which was sent out or any of the 1st, 2nd or final notices. Future notices should be sent to 2320 South Third Street, Suite 3, Jacksonville Beach, Fl. 32250 which is our physical and mailing address.

I would like to request that the \$900.00 reinstatement fee be waived due to non-receipt of your paperwork. I am sending payment of \$323.75 which includes \$8.75 for a certificate of status.

Thanking you in advance,


Kathryn L. Whitson
President
Winning Concepts, Inc.