

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sally A. Morand  
Secretary of State  
Division of Corporations

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

**600002796686--4**

**-03/05/99--01117--009**

**\*\*\*\*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

*[Signature]*

**KATHRYN L WHITSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/10/98**

Date

**904-246-1811**

Daytime Phone #

(2)



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.