PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 00-03

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY 19 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 420790

1. Corporation Name
The Skeets Winner Corporation

2. Principal Office Address	**3.** Mailing Office Address
P. O. Box 1069	P. O. Box 1069
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Carolina Beach, NC	City & State: Carolina Beach, NC
Zip: 28428 Country: USA	Zip: 28428 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/09/1973

5. FEI Number: 59-1524530 ☐ 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: Winner, W. W.
400019325534
05/19/03--01084--019 **60.00

Street Address (P.O. Box Number is Not Acceptable): Winner Sombrero Docks US 1
400019325534
05/19/03--01084--020 **8.75

Suite, Apt. #, Etc.

City: Marathon | State: FL | Zip Code: 33050

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: W. W. Winner
REGISTERED AGENT MUST SIGN

Date: 05/16/03

CR2E061 (10/02)

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	Winner, W. W.	2627 Sam Rd	Jacksonville,FL32216
S	Winner, Shirley A.	2627 Sam Rd	Jacksonville, FL32216

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: Shirley A. Winner Shirley A. Winner 05/16/03 (910)791-4106 (910)617-7880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 5/23