

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F01000001269

1. Corporation Name

Winners Acceptance Corporation

2. Principal Office Address

909 Lake Carolyn Parkway

3. Mailing Office Address

909 Lake Carolyn Parkway

Suite, Apt. #, etc.

150

Suite, Apt. #, etc.

150

City & State

Irving, Texas

City & State

Irving, Texas

Zip

75039

Country

USA

Zip

75039

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/05/2001

5. EEI Number

74-2706018

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

Corporate Creations Network, Inc.

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

11380 Prosperity Farms Road #221E

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

*Jessica Vella* Jessica Vella VP

Date 02/24/2006

REGISTERED AGENT MUST SIGN

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	Larry Katz	636 Broadway, Suite 310	San Diego, CA 92101
VP	Chris Waters	636 Broadway, Suite 310	San Diego, CA 92101
S	Larry Katz	636 Broadway, Suite 310	San Diego, CA 92101
T	Chris Waters	636 Broadway, Suite 310	San Diego, CA 92101
D	Larry Katz	636 Broadway, Suite 310	San Diego, CA 92101
D	R'nelle Lahlou	636 Broadway, Suite 310	San Diego, CA 92101

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 contained in Chapter 119, 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

*Larry Katz* Larry Katz, Pres. 02/27/2006

Date

619-233-3522

Daytime Phone #