
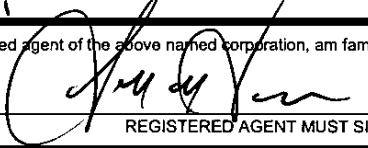



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J44184			
1. Corporation Name WINN HOLDING CORP.			
2. Principal Office Address 520 Brickell Key Drive Suite, Apt. #, etc. 0-305 City & State Miami & FL Zip 33131 Country		3. Mailing Office Address 520 Brickell Key Drive Suite, Apt. #, etc. 0-305 City & State Miami & FL Zip 33131 Country	
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number 592806819		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Transglobal Corporate Administration, LLC			
Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Drive			
Suite, Apt. #, Etc. 0-305			
City Miami		State FL	
Zip Code 33131		800067462858 03/09/06--01026--004 **1690.00	
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 		Date 02/06/2006	
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
PD	Freeman, Stephen A.	520 Brickell Key Drive	Miami / FL / 33131
800067462858 03/09/06--01026--005 **8.75			
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:  Stephen A. Freeman		2/7/06 (305) 3743800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	