

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 18 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L22294

1. Corporation Name

WINMORE, INC.

2. Principal Office Address

15965 SW 109 st

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33196

Country

USA

3. Mailing Office Address

15965 SW 109 st.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33196

Country

USA

REINSTATEMENT 01-03

600023166226

09/18/03--01020--002 **1050.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

SAMUEL CHOW

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

15965 SW 109 st.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33196

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9/16/03

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
<u>P/S/T</u>	<u>SAMUEL CHOW</u>	<u>15965 SW 109 st.</u>	<u>MIAMI, FL 33196</u>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/03

Date

305-591-8570

Daytime Phone #

Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested WINMORE, INC.		
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
4a Mailing address (room, apt., suite no. and street, or P.O. box) 15965 SW 109 ST.		5a Street address (if different) (Do not enter a P.O. box.)
4b City, state, and ZIP code MIAMI, FL 33196		5b City, state, and ZIP code
6 County and state where principal business is located MIAMI DADE, FL.		
7a Name of principal officer, general partner, grantor, owner, or trustor SAMUEL CHOW		7b SSN, ITIN, or EIN 569-75-9506
8a Type of entity (check only one box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶ </div> <div style="width: 45%;"> <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ </div> </div>		
8b If a corporation, name the state or foreign country (if applicable) where incorporated FLORIDA		State FLORIDA Foreign country
9 Reason for applying (check only one box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶ </div> </div>		
10 Date business started or acquired (month, day, year)		11 Closing month of accounting year DECEMBER
12 First date wages or annuities were paid or will be paid (month, day, year). <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶ 12/1/2003		
13 Highest number of employees expected in the next 12 months. <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-."</i> ▶		Agricultural Household Other 2
14 Check one box that best describes the principal activity of your business. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance </div> <div style="width: 45%;"> <input type="checkbox"/> Health care & social assistance <input checked="" type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) </div> </div>		
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.		
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes," please complete lines 16b and 16c.</i>		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) ▶ City and state where filed ▶ Previous EIN ▶		

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

Address and ZIP code

Designee's telephone number (include area code)

Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **SAMUEL CHOW** **PRESIDENT**

Signature ▶

Date ▶ **9/16/03**

Applicant's telephone number (include area code)

(305) 591-8570

Applicant's fax number (include area code)

(305) 591-8571