M00000000715

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
AUG 20 PM 5:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M00000000715

1. Limited Liability Company's Name
WINNER FL LLC

BK 9/28/01

BK

2. Principal Office Address		3. Mailing Office Address	
32 W. State Street		32 W. State Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sharon, PA		City & State: Sharon, PA	
Zip: 16146	Country: USA	Zip: 16146	Country: USA

4. State/Country of Formation: DE

5. Date Organized or Qualified To Do Business in Florida: 04-12-00

6. FEI Number: 25-1862525 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional for Certified and Exported

8. Name and Address of Current Registered Agent

Name: CorpAmerica, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street 800022460908

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Kimberly A. Shaw Date: 8.20.03
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Chairman MGRM	James E. Winner, Jr.	32 West State Street	Sharon, PA 16146
Vice President MGRM	-Donna C. Winner	32 West State Street	Sharon, PA 16146
Vice President-General Counsel and Secretary MGR	John F. Hornbostel, Jr.	32 West State Street	Sharon, PA 16146
CFO & Treasurer MGR	Charles R. Miller	32 West State Street	Sharon, PA 16146
	REINSTATEMENT 2001-2003		

11. *I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Jon F. Hornbostel Date: 8/20/2003 Daytime Phone #: (800) 527-3345 x 207

Typed or printed name of signing Managing Member/Manager: John F. Hornbostel, Jr., Esq.

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FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 9609799-1
(Sub Account)

BK

DATE: 8/20

REQUESTOR NAME: Lexis Document Services/CSC

ADDRESS:

TELEPHONE: (____) (____-____) ext (____)

CONTACT NAME:

CORPORATION NAME: Winner FL LLC

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard

250.00

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TALLAHASSEE FLORIDA

✓ CERTIFIED COPY (1-9)
✓ CERTIFICATE OF STATUS (1-9)
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