

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC 13 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 004000008884

1. Corporation Name

International winners soul, INC.

Identification Number

06-1734358

W07-55289

2. Principal Office Address - No P.O. Box #

Gisèle Fortunat

Suite, Apt. #, etc.

4170 Winnipeg Way

City & State

West Palm Beach

Zip

Country

3. Mailing Office Address

4170 Winnipeg Way

Suite, Apt. #, etc.

W.P.B. FL 33417

City & State

FL

Zip

Country

REINSTATEMENT 05-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

Sept 15-2004

5. FEI Number

Not Applicable

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$975 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rose A. Julien

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

1307 Scottsdale Rd E

Suite, Apt. #, Etc.

West Palm Beach

City

FL 33417

State

Zip Code

FL

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Rose A. Julien

REGISTERED AGENT MUST SIGN

Date 12-02-07

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
Adm. D.	Kedly Lytus	3314 Blen Fin DR	W.P.B. FL, 33417
Assi. D.	Celine Julien	1307 Scottsdale Rd E	W.P.B. FL, 33417
Officer	Marie Paul	10879 Paso Fino Dr	Wellington FL 33467
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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:

Marie Paul

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-2-07

Date

(561) 846-0750

Daytime Phone #