

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**

02-03



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 28 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000094719

1. Corporation Name

WINSWARE TECHNOLOGIES, INC.

2. Principal Office Address

1977 S. OAKHAVEN CIRCLE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33179

Country

USA

3. Mailing Office Address

2510 NW 97th AVENUE

Suite, Apt. #, etc.

120

City & State

MIAMI, FL.

Zip

33172

Country

USA

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

5. FEI Number

65-1045898

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

AYOUB UKANI

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

1977 S. OAKHAVEN CIRCLE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33179

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]

Date 4/30/03

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, D	AYOUB UKANI	1977 S. OAKHAVEN CIRCLE MIAMI, FL. 33179	MIAMI, FL. 33179
S, D	RAMONA UKANI	1977 S. OAKHAVEN CIRCLE MIAMI, FL. 33179	MIAMI, FL. 33179

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]

A. UKANI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

(305) 450-4080

Daytime Phone #

CR2E081 (10/02)

97 513

WINSWARE TECHNOLOGIES, INC.

1977 S. OAKHAVEN CIRCLE

Miami, Fl. 33179

(305) 450-4000

April 30, 2003

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Annual Report
Document # P00000094719

Ladies and Gentlemen:

Attached please find check in the amount of \$300.00, and a completed UBR. Two years ago I suffered a major stroke that left me partially paralyzed, blind and barely clinging to life. My business was put on autopilot while my family attended to me. I was unable to take care of my business interests until one month ago. It would be greatly appreciated if you would waive the late fees and reinstate my corporation.

Should you need any additional information, please do not hesitate to contact me.

Sincerely,



A. Ukani

President

(Signed in his absence to expedite delivery)

Attachments

WINSWARE TECHNOLOGIES, INC.

1977 S. OAKHAVEN CIRCLE

Miami, Fl. 33179

(305) 450-4000

May 26, 2003

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

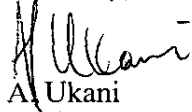
Re: Annual Report
Document # P00000094719

Ladies and Gentlemen:

Attached please find a completed UBR. To the best of my knowledge, I did not receive the UBR. I have now changed the mailing address to my accountant's office so I do not anticipate any problems in the future. Please waive the late fee penalty.

Should you need any additional information, please do not hesitate to contact me.

Sincerely,



A. Ukani
President

(Signed in his absence to expedite delivery)

Attachments