

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000057612**

1. Corporation Name

THE WWIN GROUP, INC.

Principal Place of Business

Mailing Address

2202 N WEST SHORE BLVD. STE 200
TAMPA FL 33607

2202 N WEST SHORE BLVD. STE 200
TAMPA FL 33607

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/2001

5. FEI Number

59-3722990

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DANIELS, DENNIS J	5364 EHRlich RD STE 111	TAMPA FL 33624
D, C, P	CORINGRATO, ALBERT R	9075 QUAIL CREEK DR	TAMPA FL 33647

300025069023
11/26/03--01035--002 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DANIELS, DENNIS J
5364 EHRlich RD
STE 111
TAMPA FL 33624

Name

Coringrato, Albert R.

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

9075 Quail Creek Dr.

Suite, Apt. #, Etc.

Tampa

City

Tampa

State

FL

Zip Code

33647

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 11-25-3

11. I certify that I am an officer or director of 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

11-25-3

Date

(813) 639-4224

Daytime Phone #

CR2ED40 (7/03)

Department of State,

Please reinstate, The WWIN Group, Inc., without
penalty.

I did not receive prior UBR notices, I received
the dissolution/revocation after the fact.

Find enclosed my check for \$150 (fee w/out penalty)
+ 8.75 (fee for Certificate of
Status)
\$ 158.75

Respectfully,



Albert R. Coringrato Pres./CEO/Director
The WWIN Group, INC.

Thank You for your prompt attention And
Happy Holidays