

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 6:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000114337

1. Corporation Name

A WINNER, INC.

Principal Place of Business

6300 SOUTH DIXIE HIGHWAY, 2ND FLOOR
WEST PALM BEACH FL 33405

Mailing Address

6300 SOUTH DIXIE HIGHWAY, 2ND FLOOR
WEST PALM BEACH FL 33405



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

12/04/2001

5. FEI Number

65 115 6208

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
PTD	FIEFE, ANDRE	6300 SOUTH DIXIE HIGHWAY, 2ND FL	WEST PALM BEACH FL 33405
V	CECOUTE, GARY	6300 SOUTH DIXIE HIGHWAY, 2ND FL	WEST PALM BEACH FL 33405
V	GRACIA, JACQUES H	6300 SOUTH DIXIE HIGHWAY, 2ND FL	WEST PALM BEACH FL 33405
S	BERGMAN, BERRETTE	6300 SOUTH DIXIE HIGHWAY, 2ND FL	WEST PALM BEACH FL 33405

800008735158
10/31/02--01119--006 **150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name
Valencie Exeaus
Street Address (P.O. Box Number is Not Acceptable)
4706 NW 36th St, #504
Suite, Apt. #, Etc.
#504
City
Lauderdale Lakes
State
FL
Zip Code
33319

CR2040 (8/02)

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/21/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/02

Daytime Phone #

A Winner, Inc.
6300 South Dixie Highway
West Palm Beach, FL 33405
561.493.3736
561.493.5132

October 21, 2002

Florida Department of State
Jim Smith
Secretary of state
P.O. Box 6327
Tallahassee, Florida 32314

RE: Document # P01000114337

Dear Mr. Smith:

We did not receive the two prior uniform business reports. Please reinstate that status of A Winner, Inc. and waive the reinstatement fee. A Winner, Inc. was incorporated in December 4, 2001, and we were not aware that the report was due between January 1 and May 1. The October notice of administrative dissolution or revocation was the first notice that we received.

Attached is a money order for \$150.00 and the completed application for reinstatement. We are asking you to please reinstate A Winner, Inc. as an active corporation. We will submit a timely 2003 annual report between January 1 and May 1.

Thank you for your understanding. If you have any questions, please feel free to call me at (561) 493-3736.

Sincerely,

Andre Fiefe
Executive Director