

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 21 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

A WINNER, INC.

2. Principal Office Address

ANDRE FIEFE

Suite, Apt. #, etc.

City & State

West Palm Beach FL

Zip

33405

Country

3. Mailing Office Address

6300 N. Dixie Hwy

Suite, Apt. #, etc.

City & State

Zip

Country

600039357686

07/21/04--01005--009 **300.00

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/2001

5. FEI Number

65-1156208

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

ANDRE FIEFE

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

535 N.E. 165th ST.

Suite, Apt. #, Etc.

N/A

City

Miami

State

FL

Zip Code

33162

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

REGISTERED AGENT MUST SIGN

Date

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
PTD	ANDRE FIEFE	6300 S. Dixie Hwy	West Palm Beach FL 33405

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/14/04

Daytime Phone #

CR2E001 (01/04)

A WINNER TRAINING CENTER

202

July 14, 2004

To Whom It May Concern:

I am really sorry for sending my payment so late because I never receive any invoice. Please waive the fee. I send a check for \$300.00 for two years which are 2003 and 2004. I hope to hear from you soon.

If there is any questions please feel free to contact me at the office at (561) 493-3736

Sincerely yours,


Andre Fieff, Executive Director