

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P01000114337</i>		FILED 04 JUL 21 AM 10:24	
1. Corporation Name <i>A WINNER, INC.</i>			
2. Principal Office Address <i>ANDRE FIEFE</i> Suite, Apt. #, etc.		3. Mailing Office Address <i>6300 N. Dixie Hwy</i> Suite, Apt. #, etc.	
City & State <i>West Palm Beach FL</i>		City & State	
Zip <i>33405</i>	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <i>12/04/2001</i>			
5. FEI Number <i>65-1156208</i> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name <i>ANDRE FIEFE</i> Street Address (P.O. Box Number is Not Acceptable) <i>535 N.E. 165th ST.</i> Suite, Apt. #, Etc. <i>N/A</i> City <i>Miami</i> State FL Zip Code <i>33162</i>			
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		Date	
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
<i>PTD</i>	<i>ANDRE FIEFE</i>	<i>6300 S. Dixie Hwy</i>	<i>West Palm Beach FL 33405</i>
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: <i>[Signature]</i>		Date <i>7/04/04</i>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

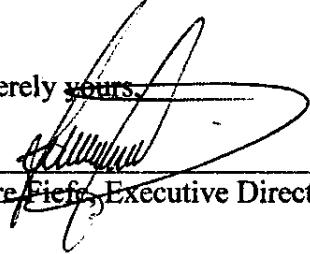
A WINNER TRAINING CENTER

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 P. Pinto, Executive Director