

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 17 PM 4:46

DOCUMENT # 9030000 56997

1. Corporation Name

Winner's Workshop, Inc.

2. Principal Office Address

3941 Amron Court

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32822

Country

U.S.A.

3. Mailing Office Address

3941 Amron Court

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32822

Country

U.S.A.

REINSTATEMENT

04-06

CR2E081 (12/05)

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

05/23/2003

5. FEI Number

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

Angel Rodriguez

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

3941 Amron Court

Suite, Apt. #, Etc.

City

Orlando, FL

State

FL

Zip Code

32822

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 11/14/06

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
PRES, DUP 1M	Angel Rodriguez	3941 Amron Court	Orlando, FL 32822

300081903623
11/17/06--01034--015 **450.00

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 contained in Chapter 119, 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

[Signature]

Date

11/14/06

Daytime Phone #

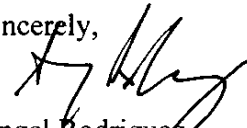
(407) 484-5150

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Dear Florida Department of Corporations,

I am Angel Rodriguez, owner of Winner's Workshop, which is a for-profit organization founded in the state of Florida. I did not receive mail regarding my corporation over the past few years due to a contractual dispute with my landlord not allowing me to rightfully access my correspondence. I am re-instating my corporation as of today and enclosing payment with the appropriate forms in this correspondence. Feel free to call me at (407) 484-5150. Thanks so much for everything.

Sincerely,

A handwritten signature in black ink, appearing to read 'Angel Rodriguez', written over the printed name.

Angel Rodriguez
November 14, 2006