

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 29 PM 3:05

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000094699

1. Corporation Name

Winning Kids Incorporated

2. Principal Office Address

4521 PGA Blvd

3. Mailing Office Address

4521 PGA Blvd

Suite, Apt. #, etc.

#214

Suite, Apt. #, etc.

#214

City & State

Palm Beach Gardens

City & State

Palm Beach Gardens

Zip

33418

Country

USA

Zip

33418

Country

USA

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

06/21/2004

5. FEI Number

20-1316436

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

Christian J. Hainsworth

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

4521 PGA Blvd

Suite, Apt. #, Etc.

#214

City

Palm Beach Gardens

State

FL

Zip Code

33418

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 1-20-07

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
P/S/D	Christian J. Hainsworth	4521 PGA Blvd #214	Palm Beach Gardens, FL 33418

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

CHRISTIAN J. HAINSWORTH

Date

1-20-07

Daytime Phone #

1-800-936-5063