


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000148978					
1. Entity Name GET WIN INC.					
Principal Place of Business 50 BERKELEY ST - APT # B225 SATELLITE BEACH, FL 32937			Mailing Address 50 BERKELEY ST - APT # B225 SATELLITE BEACH, FL 32937		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1808751	
5. Name and Address of Current Registered Agent WIN, KYAW ZAW 50 BERKELEY ST - APT # B225 SATELLITE BEACH, FL 32937				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature is typed or printed name of registered agent and this is applicable. (NOTE: Registered Agent signatures required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO WIN, KYAW ZAW 50 BERKELEY ST - APT # B225 SATELLITE BEACH, FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WIN, MEE MEE 50 BERKELEY ST - APT # B225 SATELLITE BEACH, FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300063556373 01/12/06--01040--010 **308.75		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR</small>				1/04/06 (321)961-3279 <small>Date Daytime Phone #</small>	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAREINSTATEMENT
01042006 REIN-P CR2E090 (11/05) 05-06

GET WIN INC
50 Berkeley Street #B-225
Satellite Beach FL 32937

January 4, 2006

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee FL 32301

RE: Annual Report 2006 Reinstatement
P04000148978

Enclosed is the 2006 For Profit Corporation Reinstatement Form along with a check for \$308.75 (\$150.00 annual fee for 2005, \$150.00 annual fee for 2006 plus \$8.75 Certificate of Status fee).

We would appreciate your abating all late filing charges since we never received notification for the filing of the Annual Report, notification for annual report not filed or notification of administrative dissolution.

We were completely unaware of this situation until notification by the company I represent that they would not pay any additional commissions until they receive a Certificate of Status. Therefore, I am requesting that you fax a copy of the Certificate of Status to me at 321-773-1469. | 321-961-3279 -

Thank you for your prompt assistance in this matter.

Sincerely,



Kyaw Z Win
President