

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB 11 AM 11:45

DOCUMENT # P05000051241

1. Corporation Name

WINNERS PALACE, CORP.

300117720573  
02/11/08--01043--010 \*\*458.75

2. Principal Office Address - No P.O. Box #

2764 W. Oakland Park Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

2764 W. Oakland Park Blvd.

Suite, Apt. #, etc.

City & State

Oakland Park, Florida

City & State

Oakland Park, Florida

Zip

33311

Country

U.S.A.

Zip

33311

Country

U.S.A.

CR2E081 (12/07)

4. Date Incorporated or Qualified

To Do Business in Florida 04/04/2005

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

Gary Adams

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

2764 W. Oakland Park Blvd.

Suite, Apt. #, Etc.

City

Oakland Park

State

FL

Zip Code

33311

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Gary Adams*

REGISTERED AGENT MUST SIGN

Date 02-05-2008

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	Gary Adams	2764 W. Oakland Park Blvd.	Oakland Park / Florida / 33311

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:

*Gary Adams*

Gary Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-05-2008

Date

954-822-0895

Daytime Phone #