

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000100464

1. Entity Name  
WINNING REAL ESTATE, INC.



FILED

2006 OCT 12 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10062006 REIN-P CR2E098 (11/05)

Principal Place of Business  
184 EGLIN PARKWAY  
FT WALTON BEACH, FL 32548

Mailing Address  
184 EGLIN PARKWAY  
FT WALTON BEACH, FL 32548

2. Principal Place of Business  
184 Eglin Pky  
Suite, Apt. #, etc. Suite 7  
City & State Ft. Walton Beach, FL

3. Mailing Address  
184 Eglin Pky  
Suite, Apt. #, etc. Suite 7  
City & State Ft. Walton Beach, FL

Zip 32548 Country USA

4. FEI Number 20-3128422  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WALLACE, JIMMY L  
184 EGLIN PARKWAY Suite 7  
FT WALTON BEACH, FL 32548

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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 Jimmy L. Wallace 10-2-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$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		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	PRESIDENT & SECRETARY	
STREET ADDRESS			STREET ADDRESS	Jimmy L. Wallace	
CITY-ST-ZIP			CITY-ST-ZIP	184 Eglin Pky Suite 7	
				FT. Walton Beach FL 32548	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	800080743898	
STREET ADDRESS			STREET ADDRESS	10/12/06--01003--011 **158.75	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Jimmy L. Wallace  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
Daytime Phone #