

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P13000039749

**FILED**  
**Nov 07, 2014**  
**Secretary of State**

**Entity Name:** THE WINNER'S CIRCLE PROGRAM, INC.

**Current Principal Place of Business:**

3633 N.W. 5TH TERRACE  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

3633 N.W. 5TH TERRACE  
BOCA RATON, FL 33431 US

**New Mailing Address:**

**FEI Number:** 46-2733465

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOLFE, DAVID  
3633 N.W. 5TH TERRACE  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** DAVID WOLFE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WOLFE, DAVID  
**Address:** 3633 N.W. 5TH TERRACE  
**City-St-Zip:** BOCA RATON, FL 33431 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DAVID WOLFE

P

11/07/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date