

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

pg. 1 of 2
FILED

DOCUMENT # P96000017925

1. Corporation Name
WINNIE CORPORATION

98 FEB -6 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8401 SW 107 AVE
MIAMI FL 33173

Mailing Address

8401 SW 107 AVE
MIAMI FL 33173



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/21/1996	
Suite, Apt. #, etc. 254E		Suite, Apt. #, etc. 254E		5. FEI Number 65-0730766	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D PD Change	TANG, WINNIE Venghan (Winnie)	8401 SW 107 AVE., 254E	MIAMI FL 33173
D Change	YAP, GEORGE	8401 SW 107 AVE., 254E	MIAMI FL 33173
			800002432428--9 -02/17/98--01024--005 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

LEE, DICK R
3250 MARY ST
SUITE 202
COCONUT GROVE FL 33133

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	800002432428--9
City	-02/17/98--01024--006 ****165.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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

Venghan Tang

1/18/98

(305) 297-5461

Date

Daytime Phone #

CR2E040 (8/97)

Winnie Corporation

pg. 2 of 2

8401 SW 107 Avenue, #254E, Miami, Florida 33173
Voice Mail: (305) 297-5461 • FAX: (305) 251-9196

January 19, 1998

Sandra B. Mortham
Secretary of State
Florida Department of State
Division of Corporations

RE: Application of Reinstatement

Dear Ms. Mortham:

As per telephone conversation with one of the representatives, she had instructed me to write a letter to explain the situation and then the Reinstatement Fee would not be charged. Therefore, this letter is to let you know that I have never received any notice of Corporation Annual Report prior this notice of Administrative Dissolution or Revocation. In result of that, I have not yet paid the annual fee.

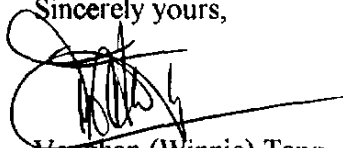
Now, I have enclosed the necessary fee to clear the status as follows:

Annual Report Fee:	\$61.25	
Corporate Supplemental Fee	\$103.75	
Total:	\$165.00	check #1846

Please adjust my account accordingly. Should you have any questions, please contact me at (305) 297-5461.

Thank you very much.

Sincerely yours,


Venghan (Winnie) Tang
President