PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLGRIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

SECRETARY OF STATE

SECRETARY OF STATE

00 NOV -6 AM 10: 00

DOCUMENT # P99000109834

1. Corporation Name

WIN-DEALER T	٧,	INC.
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Principal Place of Business

Mailing Address

2100 PONCE DE LEON BLVD CORAL GABLES FL 33134 2100 PONCE DE LEON BLVD CORAL GABLES FL 33134

REMCTATEMENT M	

			REINSTA	TEMENT	r (1/)	
If above addresses are incorrect in any way, line through the second of	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			
6600 SW 57 Avenue	Arenue 16100 SW SZAVE		To Do Business in Florida 12/13/1999		/13/1999	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. FEI Number Applied For		
City & State	City & State				Not Applicable	
Zip 3514-3 Country	Zip 33143 Countr	y	6. CERTIFICATE OF STA	TUS DESIRED To	5 Additional Fee required r a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or						
Title(s) Name of Officers and/or Directors 2		reet Address of Each flicer and/or Director		City / Sta	ite / Zip	
OEO Thomas 6. Abra	zham 60050	NS7 AVE		VALLY, FT	33143	
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				الها يامسى لها المساريسياريسا		
				393481 -11/30/000 *****750.00	1095003 ****750.00	
		A TOWN				
8, Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent			
		Name			Con	
C T CORPORATION SYSTEM Street Address (P.O. 1200 S PINE ISLAND RD		O. Box Number is Not Acceptable)				
PLANTATION FL 33324 Suite, Apt. #, Etc.						
		City		State FL	Zip Code	
10. I, being appointed the registered agent of the above Signature of Registered Agent	e named corporation, am familia SPECIAL SPECIAL REQUESTION SISTERED AGENT MUST SIGN	ASSISTANT SECT	bligations of Section 607.0	11-00		
						

11. 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

AD

Daytime Phone #