


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 00-001

DOCUMENT # F97000004461

1. Corporation Name

ANNICOTT WORLDWIDE ENTERPRISES, INC.

2. Principal Office Address P.O. BOX 185 Suite, Apt. #, etc.		3. Mailing Office Address P.O. BOX 185 Suite, Apt. #, etc.	
City & State GILBERT, AZ		City & State GILBERT, AZ	
Zip 85299	Country US	Zip 85299	Country US

4. Date Incorporated or Qualified To Do Business in Florida 08/25/1997

5. FEI Number 88-0350503

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MOTOLAW, Inc.

Street Address (P.O. Box Number is Not Acceptable): 50 North Laura Street

Suite, Apt. #, Etc.: Suite 2750

City: Jacksonville

State: FL Zip Code: 32202

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: *Gregory M. Dawson* Date: 01-17-2001

REGISTERED AGENT MUST SIGN

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
D	Jose A. Alvarez	503 Barnes Drive	Brandon, FL 33511
D	Daniel S. Pena, Sr.	P.O. Box 1549	Stafford, TX 77497

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 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: *Bruce Whipple* Bruce Whipple, Acting CEO Date: 01/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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CORPORATION REINSTATEMENT

ANNICOTT WORLDWIDE ENTERPRISES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00

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