

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L99000008695

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LIMITED LIABILITY COMPANY
 2000 UBR

Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 OCT 20 11 6 40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-11/07/00--01117--001
*****50.00 *****50.00

DOCUMENT # L99UUUUUU8695

1. Limited Liability Company's Name
 WORLDS BEST VALUE . COM LLC

2. Principal Office Address
 1725 ANGLERS CT. 1725 ANGLERS CT
 Suite, Apt. #, etc.

3. Mailing Office Address
 1725 ANGLERS CT. 1725 ANGLERS CT
 Suite, Apt. #, etc.

City & State
 SAFETY HARBOR, FL SAFETY HARBOR, FL

Zip Country
 34695 USA 34695 USA

4. State/Country of Formation
 FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida
 12/99

6. FEI Number
 59-3612803 Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
 ALAN S. GASSMAN, P.A.

Street Address (P.O. Box Number is Not Acceptable)
 1245 COURT STREET

Suite, Apt. #, Etc.
 SUITE 102

City
 CLEARWATER

State Zip Code
 FL 33756

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
member	INVESTECH PROPERTIES LTD	1725 ANGLERS CT.	SAFETY HARBOR, FL 34695
This is the 2000 Uniform Business Report			A96UUUU01374
		By [Signature]	10/20

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager
 [Signature] Date 10/17/00 Daytime Phone # 77-669-5565

Typed or printed name of signing Managing Member/Manager
 ROBERT D. FAW

CR2E041 (9/99)

L99000008695

(2)

October 18, 2000

Florida Department of State
Division of Corporations
Personal and Confidential
Buck Kohr
PO Box 6327
Tallahassee, FL 32314

FILED
00 OCT 20 ... 6:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

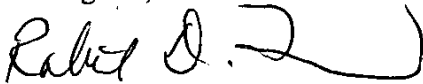
Dear Mr. Kohr,

I enclose a \$50 check and Limited Liability Company Reinstatement for
Worldsbestvalue.com LLC.

I did not receive the original UBR report as it was mailed to the wrong address.

If you have any questions or require additional information, please call me at 727-480-
1064. Thank you for your consideration.

Best Regards,



Robert D. Faw
Worldsbestvalue.com LLC
1725 Anglers Court
Safety Harbor, FL 34695