

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 OCT 22 PM 2:30

DOCUMENT # P0000096739

1. Corporation Name

WORLD VOICE PUBLICATIONS, INC.

Principal Place of Business

Mailing Address

4524 GUN CLUB ROAD
 SUITE 211-D
 WEST PALM BEACH FL 33415

4524 GUN CLUB ROAD
 SUITE 211-D
 WEST PALM BEACH FL 33415



REINSTATEMENT 01

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 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 10/13/2000 Sp | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 65-1052184 | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input 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 | 4 City / State / Zip |
|------------|-------------------------------------|--|--|
| D | QURESHI, ZAKIR | 4524 GUN CLUB ROAD SUITE 211-D | WEST PALM BEACH FL 33415 |
| V.P | ABU JAFAR CHOWDHURY | SAME | SAME |
| | | | 400004670524--6 -1170701--01033--014 ****750.00 ****750.00 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FILINGS, INC.
 3732 N.W. 16TH STREET
 FT. LAUDERDALE FL 33311-4132

Name **ZAKIR QURESHI**
 Street Address (P.O. Box Number is Not Acceptable) **4524 GUN CLUB ROAD**
 Suite, Apt. #, Etc. **A SUITE # 211-D**
 City **WEST PALM BEACH** State **FL** Zip Code **33415**

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

[Signature]
 REGISTERED AGENT MUST SIGN

Date

10/18/01

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:

ZAKIR QURESHI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/01 561-242-0383

CR2E040 (8/01)