

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P93000087795 (9)

1. Corporation Name

WORLD WINGS, INC

Principal Place of Business

1346 SOUTH GREEN DR.  
CORAL GABLES,  
FL. 33134

Mailing Address

1346 SOUTH GREEN WAY DR  
CORAL GABLES  
FL, 33134

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

1840 N.W. 95 th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

Zip

Country

Zip

33172

Country

DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/1993

5. FEI Number

65-0458374

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| PSTD          | FARACI HECTOR D.                          | 1346 SOUTH GREEN DR.   | CORAL GABLES, FL. 33134 |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

REINSTATEMENT 97-48

300002562103--5

-06/17/98--01004--017

\*\*\*\*917.50 \*\*\*\*917.50

B 6/16

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FARACI HECTOR D.  
1346 SOUTH GREEN DR.  
CORAL GABLES, FL. 33134

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Jun 10, 98  
Date

305-591-9888  
Daytime Phone #