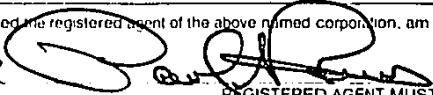
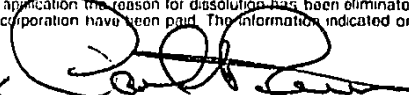


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 96 DEC -5 AM 10:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA																					
DOCUMENT # 405242 1 Corporation Name Today's World, Inc.																							
Principal Place of Business 4010 W. Osborne Ave. Tampa, FL 33614		Mailing Address 4010 W. Osborne Ave. Tampa, FL 33614																					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.																							
2 New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3 New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country																					
		4 Date Incorporated or Qualified To Do Business in Florida 5-1971																					
		5 FEI Number 59-1436710 Applied For ☐ Not Applicable ☒																					
		6 CERTIFICATE OF STATUS DESIRED ☐ \$3.75 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) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Paul A. Reece</td> <td>4010 W. Osborne Ave.</td> <td>Tampa, FL 33614</td> </tr> <tr> <td>Sec. Treas.</td> <td>Marilyn H. Reece</td> <td>4010 W. Osborne Ave.</td> <td>Tampa, FL 33614</td> </tr> <tr> <td>V. P. Sales</td> <td>Earl G. Oltz</td> <td>4010 W. Osborne Ave.</td> <td>Tampa, FL 33614</td> </tr> <tr> <td colspan="4" style="text-align: right;"> 100002022811--9 -12/06/96--01101--015 ***375.00 ***375.00 0612-5-96 </td> </tr> </tbody> </table>				Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	Pres.	Paul A. Reece	4010 W. Osborne Ave.	Tampa, FL 33614	Sec. Treas.	Marilyn H. Reece	4010 W. Osborne Ave.	Tampa, FL 33614	V. P. Sales	Earl G. Oltz	4010 W. Osborne Ave.	Tampa, FL 33614	100002022811--9 -12/06/96--01101--015 ***375.00 ***375.00 0612-5-96			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip																				
Pres.	Paul A. Reece	4010 W. Osborne Ave.	Tampa, FL 33614																				
Sec. Treas.	Marilyn H. Reece	4010 W. Osborne Ave.	Tampa, FL 33614																				
V. P. Sales	Earl G. Oltz	4010 W. Osborne Ave.	Tampa, FL 33614																				
100002022811--9 -12/06/96--01101--015 ***375.00 ***375.00 0612-5-96																							
8. Name and Address of Current Registered Agent Paul A. Reece 4010 W. Osborne Ave. Tampa, FL 33614		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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  Date 11-22-96 REGISTERED AGENT MUST SIGN																							
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)																							
12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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:  11-22-96 (813) 348-1430 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																							

CR2E040 (12/95)