

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -2 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 409248

1. Corporation Name

WORLD WIDE LAND INVESTMENTS, INC.

REINSTATEMENT 90-04

300028436773

02/09/04--01057--023 **2708.75

2. Principal Office Address

M1 COBIAN PLAZA

Suite, Apt. #, etc.

1603 Avenida Ponce de Leon

City & State

SANTURCE, Puerto Rico

Zip

00909

Country

P.R.

3. Mailing Office Address

M1 COBIAN PLAZA

Suite, Apt. #, etc.

1603 Avenida Ponce de Leon

City & State

SANTURCE, Puerto Rico

Zip

00909

Country

P.R.

4. Date Incorporated or Qualified
To Do Business in Florida

9/21/72

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ARNALDO PEREZ

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

7973 WELLSMERE CR.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32835

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

[Signature]

Date

1/15/04

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
VP	ZULMA VILELA	BAMBÚ 4, TORREMAR	GUAYNABO, P.R. 00966
P	Angelica Teresa Pujals	GUAYNABO, P.R. 00966	
	Pérez Urb. TERRA Linda		CAGUAS, P.R. 00726
	Angelica Teresa Pujals	Calle Sevilla #20	
S	ARNALDO PEREZ	7973 WELLSMERE CR.	ORL. FLA. 32835

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/04

Date

787-724-8415

Daytime Phone #

CR2E081 (10/02)