

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 21 AM 9:06

DOCUMENT # 656913

1. Corporation Name

Fetch Worldwide Inc

2. Principal Office Address

17250 SW 288th Street

Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip

33030-2069

Country

USA

3. Mailing Office Address

P.O. Box 900119

Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip

33090-0119

Country

USA

REINSTATEMENT 04-05
CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

February 22, 1980

5. FEI Number
59-2692152

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dennis Watson

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

17250 Southwest 288th Street

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33030-2069

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**

Dennis Watson
REGISTERED AGENT MUST SIGN

Date 20th December 2005

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
Mr	Dennis Watson (P) (D)	17250 SW 288 Street	Homestead, FL 33030

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:

Dennis Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/2005 305 776 2128

Date

Daytime Phone #