

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN -3 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740859

1. Corporation Name

THE WORLD IS THE FIELD, INC.

Principal Place of Business

5302 WILLIAMS RD
TAMPA FL 33610

Mailing Address

5302 WILLIAMS RD
TAMPA FL 33610

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1977

5. FEI Number

59-2061325

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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
PC	ISELL, ROBERT DANIEL	9591 BEL AIRE DR.	MIRMAR FL
TD	CALKINS, BARBARA JEAN	937 WICKETRUN DRIVE	BRANDON FL
D	DEL-CASTILLO, CHERYL	5302 WILLIAMS RD	TAMPA FL
D	DORRIS, MAC	RT 1 HOOD RD	LAGRANGE GA
VS	TAYLOR, JOHN	4626 GROVECREST	LAKELAND FL

8. Name and Address of Current Registered Agent

ISELL, ROBERT DANIEL
9591 BEL AIRE DR
MIRAMAR FL 33025

9. Name and Address of New Registered Agent

Name

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

100003095681--6

Suite, Apt. #, Etc.

01712/00--01033--005

****245.00 ****245.00

City

State

Zip Code

FL

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

Robert D. Isell

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/28/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara J. Calkins
Barbara J. Calkins

Date

Daytime Phone #

12/28/99 (813) 681-21

KE