

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.

REINSTATEMENT

99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/21/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2061325

Applied For
 Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

Zip

Country

Zip

Country

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	ISBELL, 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

ISBELL, 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. -01712700--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. Isbell

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)(l), 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:

Barbara J. Calkins
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Barbara J. Calkins 12/28/99 (813) 681-2111
 Date Daytime Phone #

KE