

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUL -2 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F01000006270

1. Corporation Name

WorkSWorldWide Inc

2. Principal Office Address

407 Lincoln Road

Suite, Apt. #, etc.

10R

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/5/2001

5. FEI Number

113433064

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

Clint Works

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

2451 Brickell Ave

Suite, Apt. #, Etc.

4D

City

Miami

State

FL

Zip Code

33129

700021154607

06/26/03--01022--004 \*\*300.00

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

REGISTERED AGENT MUST SIGN

Date

June 23, 2003

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
Pres.	Clint Works	2451 Brickell Ave Miami 33129	Miami FL 33129
V. Finance	Leese Maibrey	26 Grove Isle Drive #502 Coconut Cr. FL 33133	Coconut Cr. FL 33133

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leese Maibrey

Date

6/23/03 (305)538-9848

Daytime Phone #

7/17

JUNE 23, 2003

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

GENTLEMEN:

WE ARE A NEW COMPANY DOING BUSINESS IN FLORIDA AND UNFAMILIAR  
WITH THE FILING REGULATIONS THEREFORE WE ARE FILING OUR  
ANNUAL REPORT LATE. IN THE FUTURE WOULD YOU KINDLY MAIL US THE  
APPROPRIATE FORM PRIOR TO ITS DUE DATE.

ENCLOSEDARE THE FILING FEES ALONG WITH THE LATE PENALTY  
(\$300.00).

THANK YOU FOR YOUR ATTENTION

  
JESSE MAIDBREY  
VP-FINANCE

JUNE 23, 2003

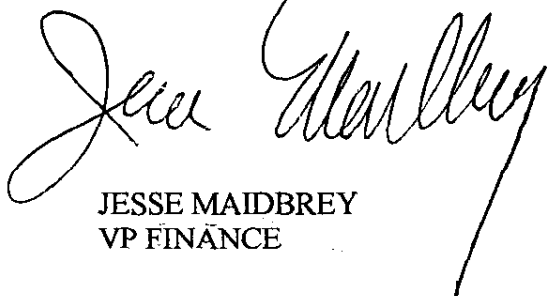
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(\$300.00). THIS FEE IS FOR THE CALANDER YEAR ENDED 2002

THANK YOU FOR YOUR ATTENTION



JESSE MAIDBREY  
VP FINANCE

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 07-11-2001 BY 60322 UCBAW  
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