


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000002746	
1. Entity Name WORLDNET COMMUNICATIONS OF NEW YORK, INC.	

FILED
06 DEC -4 AM 9: 30

Principal Place of Business 5792 WIDEWATERS PARKWAY SYRACUSE, NY 13214	Mailing Address 5792 WIDEWATERS PARKWAY SYRACUSE, NY 13214
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10182006 REIN-P CR2E098 (11/05)

2. Principal Place of Business 8276 WILLET PKWY Suite, Apt. #, etc.	3. Mailing Address 8276 WILLET PKWY Suite, Apt. #, etc.
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City & State BALDWINVILLE, NY	City & State BALDWINVILLE, NY
Zip 13027	Zip 13027
Country ONON	Country ONON

4. FEI Number 16-1446608	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE by: <i>Christian Eubanks</i> Signature, typed or printed name of registered agent and title if applicable.	Christian Eubanks, Assistant Secretary DATE 12/01/2006 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD KELLY, WILLIAM M JR. 5792 WIDEWATERS PARKWAY SYRACUSE, NY 13214 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD KELLY, WILLIAM JR 8276 WILLET PKWY BALDWINVILLE, NY 13027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAMUNDO, VICTORIA A 5792 WIDEWATERS PARKWAY SYRACUSE, NY 13214 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAMUNDO, VICTORIA A. 8276 WILLET PKWY BALDWINVILLE, NY 13027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'CONNOR, THOMAS J 5792 WIDEWATERS PARKWAY SYRACUSE, NY 13214 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SENKEN, MICHAEL 8276 WILLET PKWY BALDWINVILLE, NY 13027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, BRIAN P 5792 WIDEWATERS PARKWAY SYRACUSE, NY 13214 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300081823443 11/15/06--01049--012 **750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, KEVIN J 5792 WIDEWATERS PARKWAY SYRACUSE, NY 13214 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$12/15 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	11-8-06 561-630-7688 Date Daytime Phone #