

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F 92060

1. Corporation Name

WORLD INDUSTRIAL RESOURCES CORP

2. Principal Office Address

13100 56<sup>th</sup> Court N

Suite, Apt. #, etc.

Suite 710

City & State

Clearwater, FL

Zip

33760

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 83-02

4. Date Incorporated or Qualified  
To Do Business in Florida

06/06/1978

5. FEI Number

13-2945329

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

Leslie A. Unger

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

13100 56<sup>th</sup> Court N.

Suite, Apt. #, Etc.

Suite 710

City

Clearwater

State  
FL

Zip Code

33760

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

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
P	Leslie A. Unger	13100 56 <sup>th</sup> Court N #710	Clearwater, FL 33760
S	Neal T. Dorman	460 Park Ave	New York, NY 10022
T	Jurg Egli	13100 56 <sup>th</sup> COURT N #710	Clearwater, FL 33760

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

Leslie Unger

Date

Daytime Phone #

Oct 25, 02

727-572-9591