

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *F9400000084*

1. Corporation Name

World Super Services, Inc.

2. Principal Office Address - No P.O. Box #
4980 E. Beverly Road

Suite, Apt. #, etc.

City & State
Phoenix, AZ

Zip
85044

Country
USA

3. Mailing Office Address
4980 E. Beverly Road

Suite, Apt. #, etc.

City & State
Phoenix, AZ

Zip
85044

Country
USA

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/1994

5. FBI Number
75-2508060

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE INSTRUCTIONS REGARDING
CERTIFICATE OF STATUS

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am hereby accepting the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

Carrie Bay

Carrie Bay
SPECIAL ASSISTANT SECRETARY

Date *April 5th, 2007*

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
Director	Rick An	4980 E. Beverly Road	Phoenix, AZ 85044
V.P.	Rick An	4980 E. Beverly Road	Phoenix, AZ 85044
Director	Jim An	4980 E. Beverly Road	Phoenix, AZ 85044
Pres.	John Boulter	4980 E. Beverly Road	Phoenix, AZ 85044
Sec	Jim An	4980 E. Beverly Road	Phoenix, AZ 85044

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 807 or 817, 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 807.0401 or 817.0401, 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 contained in Chapter 119, 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:

John Boulter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-4-07

602-248-286
Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

WORLD SUPER SERVICES, INC.

Certificate of Status	0
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