

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG 16 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000000794

1. Corporation Name

C & F WORLDWIDE AGENCY CORPORATION

8401 NW 90th St.
Medley, FL 33166

2. Principal Office Address

8401 NW 90th St.

Suite, Apt. #, etc.

3. Mailing Office Address

Medley, FL 33166

Suite, Apt. #, etc.

City & State

Medley, FL

City & State

Medley, FL

Zip

33166

Country

Zip

33166

Country

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/16/1996

5. FEI Number

660421475

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

BDB Agent Co., an Ohio corporation authorized to transact business in Florida

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

2500 N. Military Trail

Suite, Apt. #, Etc.

Suite 480

City

Boca Raton

State

FL

Zip Code

33431

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

Rona M. Gansack, Asst. Sec.

Date

7/28/04

REGISTERED AGENT MUST SIGN

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
D P	DEL CUETO, JOSE E	8401 NW 90th St.	Medley, FL 33166
D VP	LOPEZ, ANA	8401 NW 90th St.	Medley, FL 33166
S/T D	FIGUEROA, LUCY	8401 NW 90th St.	Medley, FL 33166

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:

JOSE DEL CUETO *Jose Del Cueto*

AUG. 10. 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)