


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -8 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900025426389  
12/11/03--01060--007 \*\*\*750.00

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # **H55042**

1. Corporation Name

**FAN WORLD, INC.**

2. Principal Office Address

**DRIVE  
1766 TIFFANY TRACE**

Suite, Apt. #, etc.

City & State

**BOCA RATON, FL.**

Zip

**33487**

Country

**USA**

3. Mailing Office Address

**1766 TIFFANY TRACE DR.**

Suite, Apt. #, etc.

City & State

**BOCA RATON, FL.**

Zip

**33487**

Country

**USA**

**REINSTATEMENT 03**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1985**

5. FEI Number

**59-2544499**

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

**ARNESAND, JR., JOSEPH**

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

**1766 TIFFANY TRACE DR.**

Suite, Apt. #, Etc.

City

**BOCA RATON**

State

**FL**

Zip Code

**33487**

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

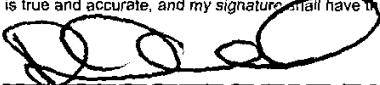
Date **12-2-03**

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
PD	ARNESAND, JOSEPH JR.	1766 TIFFANY TRACE DRIVE.	BOCA RATON, FL. 33487
SD	ARNESAND, BETH	1766 TIFFANY TRACE DRIVE	BOCA RATON, FL. 33487
VD	ARNESAND, DAVID	1766 TIFFANY TRACE DRIVE	BOCA RATON, FL. 33487
D	ARNESAND, JANICE	1766 TIFFANY TRACE DRIVE	BOCA RATON, FL. 33487

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:



**DAVID ARNESAND**

**DAVID ARNESAND**

**12-2-03 (561) 994-3283**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)