

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

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

Joseph Arnesand

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)