

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -5 PM 1:23

DOCUMENT # 392435

1. Corporation Name

CelluWorld Inc

2. Principal Office Address

909 S.E. 47th ter

Suite, Apt. #, etc.

City & State

Cape Coral

Zip

33904

Country

Lee

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

FL

Zip

33904

Country

Lee

REINSTATEMENT 98-07

4. Date Incorporated or Qualified
To Do Business in Florida

9-16-87

5. FEI Number

05-000-4406

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

VIVIAN SARGIS

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

909 S.E. 47th terrace

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33904

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

Vivian Sargis

Date

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
Pres	VIVIAN SARGIS	2118 SW 12 th PL.	Cape Coral FL 33991
V.P.	Annette Morow	1311 S.E. 22nd terrace	Cape Coral FL 33990
			000003856760--8
			03/16/01--01105--025
			***1200.00 ***1200.00
			1/13/01

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:

Vivian Sargis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)