PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	FILED
DOCUMENT # 15 94703		01 NOV 20 AM 8: 48
1. Corporation Name		SECRETARY OF STATE TALLAHASSEE FLORIDA
worldwide financial Consultants, Inc.		2000047170228 -12/10/0101095002 ****158.75 *****158.75
2. Principal Office Address  10208 NW. 24 <sup>1</sup> / <sub>2</sub> PL.  Suite, Apt. #, etc.	3. Mailing Office Address  10208 NW 24th PL.  Suite, Apt. #, etc.	2001 UBR
Svite 105	Suite 105	4. Date Incorporated or Qualified _ O 9 28 1987
& Sunrise FLA.	SUNRISE FLA.	5. FEI Number Applied For Not Applied by
210 Country USA 333322 53322	33322 Country USA.	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required to a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) 10208 NW. 25th Place, Suite 105		
Suite, Apr. #. Etc.		
SUNRISE State Zp Code FL 33322		
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		
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 Director	Street Address of Each Street Address of Each Officer and/or Director	
Pres SALOMON MAR	3 <u>ARi - 10208-NW:-24</u> 4	PL-Suite 105 SunRise Fla. 33322
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 filling 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 adjurate, and my signature shall have the same legal effect as if made under oath.		
SIGNATURE:	PALOMON MABARI RINTED NAME OF SIGNING OFFICER OR DIRECTOR	Nov. 19 <sup>th</sup> 2001 (954) 816-3838.
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## Worldwide Financial Consultants, Inc.

10208 NW. 24<sup>th</sup>. Place. Suite 105 Ph. (954)-816-3838 Fax (954)-783-2443 E-Mail: beyondmia@aol.com

November, 19th. 2001

Florida Division of Corporations Tallahassee, Florida.

## Dear Sirs:

Please accept this letter as my request to reinstate my Corporation and please waive the penalty due to the fact that I did not receive the Annual Report form. Please also note that there was a change of address for the Corporation, I would appreciate very much your fixing the records to relect said change.

I'm enclosing Check in the amount of \$158.75 for both the annual fee and a -current Certificate of Status. —

Thank you very much in advance for your prompt attention to this matter.

Best Regards.

Salomon Mabari President