

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF FLORIDA CORPORATION

Glen E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 25 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000001336

Name and Mailing Address

0010844 01 AT 0.292 \*\*AUTO TO 0 0615 34234-214925



WORLDWIDE DEBT EXCHANGE, L.L.C.  
1748 INDEPENDENCE BLVD., SUITE B-5  
SARASOTA FL 34234-2149



2. New Mailing Address

1800 SECOND STREET, SUITE 975

City, State, Zip  
SARASOTA, FL 34236

Principal Place of Business

1748 INDEPENDENCE BLVD., SUITE B-5  
SARASOTA FL 34234

3. New Principal Place of Business

1800 SECOND STREET  
SUITE 975

City, State, Zip  
SARASOTA, FL 34240

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

01/31/2000

6. FEI Number

59-3264269

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

MORRIS, CHARLES H.O.  
1748 INDEPENDENCE BLVD., SUITE B-5  
SARASOTA FL 34234

9. Name and Address of New Registered Agent

Name

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

1800 SECOND STREET

SUITE 975

City, State, Zip  
SARASOTA FL 34240

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager                        | City / State / Zip                      |
|----------|-----------------------------------|---|---|
| MGRM     | MORRIS, ROBERT A                  | 1748 INDEPENDENCE BLVD., SUITE B-5<br>1800 SECOND STREET<br>SUITE 975 | SARASOTA FL 34234<br>SARASOTA, FL 34236 |
| MGRM     | MORRIS, CHARLES H.O.              | 1748 INDEPENDENCE BLVD., SUITE B-5<br>1800 SECOND STREET<br>SUITE 975 | SARASOTA FL 34234<br>34236              |
|          |                                   |   |   |
|          |                                   |   |   |
|          |                                   |   |   |
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|          |                                   |   |   |
|          |                                   |   |   |
|          |                                   |   |   |

REINSTATEMENT

2003  
12/18/03

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Date 11/20/03

Daytime Phone # 941-360-3000

Typed or printed name of signing Managing Member/Manager