

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 12 PM 3:25

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000005143

Name and Mailing Address

0004913 01 AT 0.292 **AUTO TO 0 0615 33027-177020



WORLD WIDE CREDIT RESTORATION BROKERS, LLC
320 SOUTH FLAMINGO RD., PMB #211
PEMBROKE PINES FL 33027-1770



2. New Mailing Address

12995 S. CLEVELAND AVE. #212

City, State, Zip

FORT MYERS FL. 33907

Principal Place of Business

15080 IONA LAKES DR.
FORT MYERS FL 33908

3. New Principal Place of Business Address

12995 S. CLEVELAND AVE #212

City, State, Zip

FORT MYERS, FL 33907

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

03/05/2002

6. FEI Number

043618671

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box) 000025007766

11/26/03 01024 005 **150.00

City

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 11/10/03

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	SKY, SAM TARAD	320 SOUTH FLAMINGO RD., PMB #211	PEMBROKE PINES FL 33027

REINSTATEMENT 2003

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

SIGNATURE REQUIRED

Date 11/10/03

Daytime Phone # 239-437-4676

Typed or printed name of signing Managing Member/Manager