

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC -2 AM 8:51

DOCUMENT #

L99000007062

1. Limited Liability Company's Name

WORLDWIDE ENTERPRISES, L.L.C.

2. Principal Office Address

1615 RACHEL COURT

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33756

Country

U.S.A.

3. Mailing Office Address

1615 RACHEL COURT

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33756

Country

U.S.A.

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

OCTOBER 18TH, 1999

6. FEI Number

59-3605854

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

Name

JITEN J. MASTER

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

1615 RACHEL COURT

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33756

9. 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

REGISTERED AGENT MUST SIGN

Date NOVEMBER 28TH, 2005

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	JITEN J. MASTER	1615 RACHEL COURT	CLEARWATER, FL 33756
MEM	VASANT J. MASTER	1615 RACHEL COURT	CLEARWATER, FL 33756

11. 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 11/28/05

Daytime Phone # 727 475 0979

Typed or printed name of signing Managing Member/Manager

JITEN J. MASTER