

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED  
DIVISION OF STATE  
CORPORATIONS  
05 DEC -2 AM 8:51

DOCUMENT # **L99000007062**

1. Limited Liability Company's Name

**WORLDWISE ENTERPRISES, L.L.C.**

<b>2. Principal Office Address</b> <b>1615 RACHEL COURT</b> Suite, Apt. #, etc. <b>—</b>		<b>3. Mailing Office Address</b> <b>1615 RACHEL COURT</b> Suite, Apt. #, etc. <b>—</b>			
City & State <b>CLEARWATER, FL</b>		City & State <b>CLEARWATER, FL</b>			
Zip <b>33756</b>	Country <b>U.S.A.</b>	Zip <b>33756</b>	Country <b>U.S.A.</b>		
<b>4. State/Country of Formation</b> <b>FLORIDA, U.S.A.</b>					
<b>5. Date Organized or Qualified To Do Business in Florida</b> <b>OCTOBER 18<sup>TH</sup>, 1999</b>					
<b>6. FEI Number</b> <b>59-3605854</b> <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> Applied For</td> </tr> <tr> <td style="padding: 2px;"><input checked="" type="checkbox"/> Not Applicable</td> </tr> </table>				<input type="checkbox"/> Applied For	<input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> Applied For					
<input checked="" type="checkbox"/> Not Applicable					
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status					

CR2E041 (8/05)

<b>8. Name and Address of Current Registered Agent</b>			
Name <b>JITEN J. MASTER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1615 RACHEL COURT</b> Suite, Apt. #, Etc.			
City <b>CLEARWATER</b>		State <b>FL</b>	Zip Code <b>33756</b>

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 

Date **NOVEMBER 28<sup>TH</sup>, 2005**

REGISTERED AGENT MUST SIGN

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	<b>JITEN J. MASTER</b>	<b>1615 RACHEL COURT</b>	<b>CLEARWATER, FL 33756</b>
MEM	<b>VASANTI J. MASTER</b>	<b>1615 RACHEL COURT</b>	<b>CLEARWATER, FL 33756</b>

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 608.408, 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**