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| APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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APPROVE
AND
FILED

01 MAY -3 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *1000.00*

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L99000007656

WORLDWIDE INTERNATIONAL TRADING AND CONSULTING

~~501 Caligula Ave.~~

~~Coral Gables, FL 33146~~

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

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|--|---|---|---|
| 2. Mailing Address 1221 Brickell Ave Ste 900 | 2a. Principal Place of Business 1221 Brickell Ave Ste 900 | 3. Date Organized or Qualified 11/10/1999 | 3a. State of Formation Florida |
| State, Apt. #, etc. c/o Mark Hankins | Suite, Apt. #, etc. c/o Mark Hankins | 4. FEI Number | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| City & State Miami, FL | City & State Miami, FL | 5. Date of Last Report None to Date | 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 33131 | Country 33131 | | |

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Florida Incorporators, Inc.
1221 Brickell Ave. Ste. 900
Miami, FL 33131

| | |
|--|----------|
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| Suite, Apt. #, etc. | |
| City | Zip Code |
| FL | |

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

By: Mark L **Mark Hankins, President**

Date

4/29/01

REGISTERED AGENT MUST SIGN

| | | | |
|---|--|--|--|
| 10. Title MGR | Managing Members/Managers Boncamper, Irvin | Business Street Address 22 Cayon St., Basseterre | City, State & Zip Code St. Kitts, West Indie |
| <p>100004336801--7 -05/31/01--01083--020 ***200.00 ***200.00</p> | | | |

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

Irvin Boncamper

Date

4/29/01

Daytime Phone #

Typed or printed name of signing Managing Member/Manager **Irvin Boncamper, Manager**