

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVE
AND
FILED

01 MAY -3 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L99000007656

WORLDWIDE INTERNATIONAL TRADING AND CONSULTING LLC

~~501 Caligula Ave.~~

~~Coral Gables, FL 33146~~

~~501 Caligula Ave.~~

~~Coral Gables, FL 33146~~

REINSTATEMENT

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

2. Mailing Address

1221 Brickell Ave Ste 900

Suite, Apt. #, etc.

c/o Mark Hankins

City & State

Miami, FL

Zip

33131

Country

2a. Principal Place of Business

1221 Brickell Ave Ste 900

Suite, Apt. #, etc.

c/o Mark Hankins

City & State

Miami, FL

Zip

33131

Country

3. Date Organized or Qualified

11/10/1999

3a. State of Formation

Florida

4. FEI Number

☐ Applied For

☒ Not Applicable

5. Date of Last Report

None to Date

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

Florida Incorporators, Inc.

1221 Brickell Ave. Ste. 900

Miami, FL 33131

8. Name and Address of New Registered Agent

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 Hankins Mark Hankins, President

Date 4/29/01

REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR	Boncamper, Irvin	22 Cayon St., Basseterre	St. Kitts, West Indie
			100004336801--7 -05/31/01--01089--020 ****200.00 ****200.00

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