

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

M00000002106

02 NOV -4 AM 10:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



11/4 2002

CR2E084 (8/02)

1. DOCUMENT # M00000002106

Name and Mailing Address

0008726 01 FP 0.352 **PRSRT HB 0 0615 10005-380199



WORLD CO, LLC
110 WALL STREET, 19TH FLOOR
NEW YORK NY 10005-3801

2. New Mailing Address

City, State, Zip

Principal Place of Business

110 WALL STREET, 19TH FLOOR
NEW YORK NY 10005

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

NY

5. Date Organized or Qualified
To Do Business in Florida

10/09/2000

6. FEI Number

13-3814016

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

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name

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

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

Sloan Bruan

REGISTERED AGENT MUST SIGN

Date

10/23/02

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
MGR	MILLER, JOHN G	110 WALL STREET, 19TH FLOOR	NEW YORK NY 10005
MGR	BRUAN, SLOAN	110 WALL STREET, 19TH FLOOR	NEW YORK NY 10005

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11/04/02--01015--001 **150.00

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

Sloan Bruan

Date

10/23/02

Daytime Phone #

601-6101