

M05000007112

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000235 3)))



H060002350143ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

SBM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 SEP 22 PM 1:29

FILED

RECEIVED

06 SEP 22 PM 4:03

DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

WORLDVENTURES MARKETING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$150.00

Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M05000007112			
1. Limited Liability Company's Name WorldVentures Marketing, LLC			
2. Principal Office Address 4975 Preston Park Blvd. Suite, Apt. #, etc. Suite 550 City & State Plano, Texas Zip 75093		3. Mailing Office Address 4975 Preston Park Blvd. Suite, Apt. #, etc. Suite 550 City & State Plano, Texas Zip 75093	
Country United States		Country United States	
4. State/Country of Formation Nevada			
5. Date Organized or Quoted To Do Business in Florida 12/22/05			
6. FEI Number 2036132555		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐			

FILED
 06 SEP 22 PM 1:29
 TALLAHASSEE, FLORIDA
 CR2E041 (8/05)

8. Name and Address of Current Registered Agent			
Name C T CORPORATION SYSTEM			
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD			
Suite, Apt. #, Etc. 			
City PLANTATION		State FL	Zip Code 33324

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: Michael E. Jones Date: 9/22/06

REGISTERED AGENT MUST SIGN Agent Secretary

10. Name and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Michael A. Azcue	4975 Preston Park Blvd.	Plano, Texas, 75093
Mgr	Wayne Nugent	4975 Preston Park Blvd.	Plano, Texas, 75093

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: Michael A. Azcue Date: 9/22/06 Telephone: 972-985-6841

Typed or printed name of signing Managing Member/Manager: MICHAEL A. AZCUE