

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N04000001903**

1. Corporation Name

**MASTER ARTISANS OF THE THIRD WORLD INC**

2. Principal Office Address - No P.O. Box #

**15502 Stoneybrook West Pkwy**

3. Mailing Office Address

**15502 Stoneybrook West Pkwy**

Suite, Apt. #, etc.

**126**

Suite, Apt. #, etc.

**126**

City & State

**Winter Garden, FL**

City & State

**Winter Garden, FL**

Zip

**24787**

Country

**Orange**

Zip

Country

**REINSTATEMENT**

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/01/2004**

5. FEI Number  
**200771356**

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**Shelley Jerome**

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

**1761 NW 107 Ave**

Suite, Apt. #, Etc.

City

**Pembroke Pines**

State

**FL**

Zip Code

**33026**

08/27/10--01054--002 \*\*481.25

**400184786574**

08/27/10--01054--002 \*\*481.25

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Wendi Wardlaw*

Date **8/19/10**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Shelley Jerome	1761 NW 107 Ave	Pembroke Pines, FL 33026
President	Wendi Wardlaw	15502 Stoneybrook West Pkwy Ste 126	Winter Garden, FL 34787
		<i>8/27</i>	

10. E-mail Address: **drwendi02@yahoo.com**

(to be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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:

*Shelley Jerome*

**SHELLEY JEROME**

Date

**8/19/2010**

Daytime Phone #

**954**