

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000003745

FILED
Sep 30, 2008
Secretary of State

Entity Name: TWO WORLDS UNITED INCORPORATED

Current Principal Place of Business:

503 EAST JACKSON STREET, #250
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

503 EAST JACKSON STREET, #250
TAMPA, FL 33602

New Mailing Address:

FEI Number: 77-0496270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR, SUITE 4
WESTON, FL 33331 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KELLY WILLIAMS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PRIETO, EVARISTO
Address: 503 EAST JACKSON STREET, #250
City-St-Zip: TAMPA, FL 33602

Title: V () Delete
Name: DIEZ, CARLOS
Address: 503 EAST JACKSON STREET, #250
City-St-Zip: TAMPA, FL 33602

Title: S () Delete
Name: ALEXANDRE, PAULA
Address: 503 EAST JACKSON STREET, #250
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DIEZ, CARLOS
Address: 503 EAST JACKSON STREET, #250
City-St-Zip: TAMPA, FL 33602

Title: V (X) Change () Addition
Name: SHAW, RICHARD
Address: 503 EAST JACKSON STREET, #250
City-St-Zip: TAMPA, FL 33602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS DIEZ

P

09/30/2008

Electronic Signature of Signing Officer or Director

Date