2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 10, 2009
Secretary of State

DOCUMENT# N07000004448

Entity Name: WORLD CONNECT AGENCY, INC

Current Principal Place of Business:

117 E. AMELIA ST
ORLANDO, FL 32801 US

New Principal Place of Business:

2816 E ROBINSON ST
ORLANDO, FL 32803 US

Current Mailing Address:

P O BOX 4135
ENTERPRISE, FL 32725 US

New Mailing Address:

FEI Number: 20-8979794 **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:

JSN FINANCIAL SERVICES, INC
511 ELDRON AVE
ENTERPRISE, FL 32725 US

Name and Address of New Registered Agent:

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: GABRIEL SOTO

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SOTO, ALEXA	
Address:	511 ELDRON AVE	
City-St-Zip:	DELTONA, FL 32738 US	
Title:	CEO	( ) Delete
Name:	SOTO, GABRIEL	
Address:	511 ELDRON AVE	
City-St-Zip:	DELTONA, FL 32738 US	
Title:	VP	( ) Delete
Name:	SOTO, GABRIEL	
Address:	511 ELDRON AVE	
City-St-Zip:	DELTONA, FL 32738	
Title:	D	( ) Delete
Name:	WILLIAMS, RAFAEL	
Address:	8108 LAKE PARK ESTATES BLVD	
City-St-Zip:	ORLANDO, FL 32818 US	
Title:	D	( ) Delete
Name:	MONARCA, FELIX D	
Address:	2709 CASTLE OAK AVE	
City-St-Zip:	ORLANDO, FL 32808	
Title:	D	( ) Delete
Name:	MONARCA, GLADYS	
Address:	10 JAMES ST	
City-St-Zip:	HOLYOKE, MA 01040 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: GABRIEL SOTO VP 12/10/2009

Electronic Signature of Signing Officer or Director — Date