


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N98000001462		
1. Entity Name WORLD FOUNDATION MULTI CULTURAL TRAINING CENTER, INC.		

FILED
2008 MAR 31 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business P.O. BOX 22355 WEST PALM BEACH, FL 33416	Mailing Address P.O. BOX 22355 WEST PALM BEACH, FL 33416
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2. Principal Place of Business - No P.O. Box # 2300 Palm Beach Lakes Blvd Suite, Apt., #, etc. Suite 200 C City & State West Palm Beach, FL Zip 33409 Country USA	3. Mailing Address Suite, Apt., #, etc. City & State Zip Country
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4. FEI Number 65-0845147	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FINLEY, CHANDLER R-- 1645 PALM BEACH LAKES BLVD #460 WEST PALM BEACH, FL 33401	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRANCOIS, JEAN D/P 5211 WHITE OLEANDER WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900119488839 03/05/08--01041--004 **297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FINLEY, CHANDLER R D 1645 PALM BEACH LAKES BLVD #460 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROC-MYRTHIL, ARNELLE D 6577 SPRING MEADOW DRIVE LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEE, ANTOINETTE S 5211 WHITE OLEANDER WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chandler R. Finley 7-12-2008 561-478-9930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell MAR 31 2008