

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John H. Harris
Secretary of State
DIVISION OF CORPORATION

FILED

01 DEC 21 PM 5:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000005860

1. Corporation Name

WORLD ONE COMMUNICATION, INC.

Principal Place of Business

Mailing Address

1516 N.E. 4TH AVENUE
FT. LAUDERDALE FL 33304

1516 N.E. 4TH AVENUE
FT. LAUDERDALE FL 33304

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2754 W Oakland Park
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2754 W Oakland Park
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/2000

5. FEI Number

650978052

Applied For

Not Applicable

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33311

Country

Zip

33311

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PLASTICWALA, PERVEZ	1516 N.E. 4TH AVENUE	FT. LAUDERDALE FL 33304

9000004883019--5

02/06/02 01042 014

***150.00 ***150.00

8. Name and Address of Current Registered Agent

PLASTICWALA, PERVEZ
1516 N.E. 4TH AVENUE
FT. LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name

PERVEZ Plasticwala

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

2754 W Oakland Park

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33311

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-10-01

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-10-01 954-739-1213

CR2E040 (8/01)

2012

Dated: November 12, 2001

FLORIDA DEPARTMENT OF STATE
Katherin Harris
Secretary of State
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Sub: APPLICATION FOR REINSTATEMENT

Dear Madam,

Thank you for sending the above, since I have just received in mail so unable to submit on the given date. I would like to request you if you kindly waive off penalty and accept our \$150/- check accordingly.

I would appreciate your support and cooperation and at the same time also like to assure you that in future you will be receiving an annual report / uniform business report in time.

Thanking you,

Sincerely,

PERVEZ PLASTICWALA

11-10-01