

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG 30 PM 12:50

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P00000034614

1. Corporation Name

WORLD CLASS CARRIER SERVICES, INC.

2. Principal Office Address

500 MINOLA WAY

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI SPRINGS FL

City & State

Zip Country

Zip

33166

Country

DADE

Zip

33166

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04-04-2000

5. FEI Number

65-0996476

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FREEMAN HAROLD

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

500 MINOLA WAY

Suite, Apt. #, Etc.

City

MIAMI SPRINGS

500041099195

09/15/04--01035--015 **750.00

500041099195

09/15/04--01035--016 **150.00

State

FL

Zip Code

33166

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

Date 8/26/04

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
P/D	FREEMAN HAROLD	500 MINOLA WAY	MIAMI SPRINGS FL 33166

10. 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)(f), 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

8/26/04

Daytime Phone #

CCF0081 (1/1/01)