PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 JUL -8 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000045799

1. Corporation Name
L.V. World Inc

REINSTATEMENT 01-05

2. Principal Office Address	**3.** Mailing Office Address
1014 West Central Ave	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Fl	City & State
Zip: 32805 Country: Orange	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/5/2000

5. FEI Number: 59-3646032 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jennifer Hamilton

Street Address (P.O. Box Number is Not Acceptable): 3517 Domino Domina Drive

400057221824
07/11/05--01002--002 **758.75

Suite, Apt. #, Etc.

City: Orlando State: FL Zip Code: 32805

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 6/20/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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=	Jennifer Hamilton	3517 Domino Dr	Orl, Fl 32805
VP	" "	" "	" "
T	" "	" "	" "
S	" "	" "	" "
D	" "	" "	" "
C	" "	" "	" "

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)(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: _____ 6/20/05 407.428.9589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1/6/03 2/2

To Whom it May Concern

L. L. World Inc moved it location to it New Address at 1014 West Central 4 yrs Ago & New Mail was Not Forwarded To us. There fore the corporate report statement per year was not recieved & we found out by default that L Corporation was Invalid. Furthermore the owner had a serious accident which disable her, & the Hurricane season caused the Company Extencion Damages To Property & Inventory.

Yours Truly
Lorenzo Rebouil