PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P00000075791 DOCUMENT #

1. Corporation Name

WORLD WIDE LOGISTICS AND FORWARDING, INC.

Principal Place of Business

Mailing Address

8600 S OCEAN DR LINE 501

8600 S. OCEAN DR., UNIT 501

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 10 PM 4: 00

JENSEN BCH FL 34957			JENSEN BCH FL 34957			\.					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								REINSTATEMENT 2001			
New Principal Office Address, If Applicable 3. New Maili			ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 08/02/2000						
Suite, Apt. #, etc. Suite, Apt. #,			, etc.			5. FEI Number		Applied For			
City & State City & State							3751991	Not Applicable			
Zip Country Zip		Zip	Country			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee for a Certificate of S		Additional Fee required 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)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director				City / State / Zip				
D ₃	PALUMBO	, steve	8600 S. OCEAN			DR., UNIT 501		JENSEN BCH FL 34957			
D ,	PALUMBO, DEBORAH			8600 S. OCEAN DR., UNIT 501				JENSEN BCH FL 34957			
-							20	00047956 -01/25/02~-01 ****750.00	5725 018032 ****750.00		
· -											
	8. Nan	ne and Address of Current	Registered Age	nt			Name and Address of New Registered Agent				
CORPORATE CREATIONS ENTERPRISES INC. 941 4TH ST., #200 MIAMI BCH FL 33139				*	Street Address (P.O. Box Number is Not Acceptable) CO Palumbo Suite, Apt. #, Etc. Unit 50 - Clo Palumbo City State Zip Code Tensen FL 34957						
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	of Agent	Coled P	Control of the contro	ENT MUST	SIGN	(PA)		Date 12 10 0			

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 filling 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.

10/16/0/ 201-229-7497

Daytime Phone #