


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000091182

1. Corporation Name

WSD INTERNATIONAL SERVICE, INC.

Principal Place of Business

Mailing Address

801 BRICKELL BAY DR., BOX 4
PMBC #139
MIAMI FL 33131

801 BRICKELL BAY DR., BOX 4
PMBC #139
MIAMI FL 33131

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/25/2000

5. FEI Number

65-1044081

Applied For

Not Applicable

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	TSALIKIS, ELIAS	1110 BRICKELL AVE #901 825 BRICKELL BAY DR., #1542	MIAMI FL 33131
			700004672997--9 -11/08/01--01072--008 *****150.00 *****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TSALIKIS, ELIAS
1110 BRICKELL AVE #901
MIAMI FL 33131

Name
TSALIKIS, ELIAS
Street Address (P.O. Box Number is Not Acceptable)
825 BRICKELL BAY DRIVE
Suite, Apt. #, Etc.
1542
City
MIAMI
State
FL
Zip Code
33131

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

SIGNATURE REQUIRED

Date 10/22/2001

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/2001

Date

786 425 9932

Daytime Phone #

WSD INTERNATIONAL SERVICE, INC.

Commerce - Investments - Consulting

Paper

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 33131

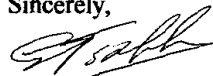
October 22, 2001

Dear Sir/ Madam,

Please be advised that due to the change of address, I never received before a notification for the filing with the Department of State, a corporation annual report.

According to the instructions received by contacting you by phone at (850) 245-6059, I am enclosing you the annual report and the check of \$150 payable to the Department of State.

Sincerely,



Elias Tsalikis
President