PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORAT ISTATE	(5 mm/s/2 1.775-10)	K S	DEPARTMENT Of State along of Corporation	:	01 0		PM 1: 4			
DOCUMENT # PODOOO93674 1. Corporation Name						TALLA	HASSE	OF STATE E, FLORID	A A		
Worldlink Technologies, Inc.						`					
					ı		·				-1
2. Principal Office Address 1110 Brickell Avenue			3. Mailing Office Address 1110 Brickell Avenue			ات	•_•••_•••_• 1 *	046 3 0/17/01 ****750.0	66 (1 010))() **)2 !***7!	030 50.00
Suite, Apt. #, etc. Suite 601			Suite, Apt. #, etc. Suite 601			4. Date Incorp	orated or Q ness in Flori	ualified da 10/04/2	2000		
City & State Miami, Florida			City & State Miami, Flo	City & State Miami, Florida		5 . FEI Number 65-1045300	FEI Number 5-1045300			-+	ed For Applicable
Zip 33131	·	Country	Zip	Country	. <u> </u>	6. CERTIFICATE	OF STATUS	DESIRED 🛣	8.75 Addi for a Ce	tional F	
	1		7. Nan	ne and Address of Cu	ırrent Registere	d Agent					
	Name	CT Corporation System	Corporation System								
	Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road								_		
	Suite, Apt. #, Etc.										
三张	City Plantati	on				State FL	Zip Code 8 33324	TO :			
f, berg a		registered agent of the abov	e named corpora	CONNI	e Bryan			or 617.0503, F.S	S.		
Registered		Conne E	EGISTERED AGE	SPECIAL ENT MUST SIGN	<u>. ASSISTAN</u>	IT SECRETA	Date	10 - 10) - <u>20</u>	<u>01</u>	
9. Names a	and Street Ac	dresses of Each Officer and	or Director (Florid	a nonprofit corporations	s must list at leas	t 3 directors)					
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / S	tate / Zip		
CEO	John Scafidi			1110 Brickell Avenue, Ste. 601			Miami, l	FL 33131			
resident	n Nabil A. Bader			1110 Brickell Avenue, Ste. 601			Miami, I	FL 33131		_	
	l										

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 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.

1110 Brickell Avenue, Ste. 601

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1110 Brickell Avenue, Ste. 601

SIGNATURE:

Chairman Nancy A. Ruffing

Director John Scafidi

Director Nabil A. Bader

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/01 305:358-7223 Date Daytime Phone #

Miami, FL 33131

Miami, FL 33131

Miami, FL 33131