
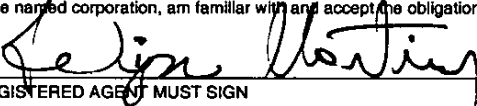
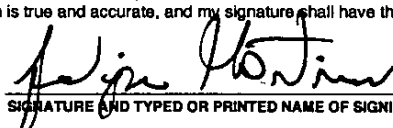


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 00000103939			
1. Corporation Name ALL WORLD COMMERCE, INC.			
2. Principal Office Address 6156 GOLF VISTA WAY		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SAME	
City & State BOCA RATON, FL		City & State SAME	
Zip 33433	Country USA	Zip SAME	Country SAME
4. Date Incorporated or Qualified To Do Business in Florida NOV-6-2000		5. FEI Number 65-1064130	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
S8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name FELIPE MARTINEZ 600060206426			
Street Address (P.O. Box Number is Not Acceptable) 6156 GOLF VISTA WAY			
Suite, Apt. #, Etc.			
City BOCA RATON		State FL	Zip Code 33433
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 9-27-05	
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
D	FELIPE MARTINEZ	6156 GOLF VISTA WAY BOCA RATON FL 33433	
D	SANDRA MARTINEZ	6156 GOLF VISTA WAY BOCA RATON FL 33433	
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)(l), 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: 		Date 9-27-05 (561) 417-6956	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03-05

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