

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

11 SEP 19 AM 8:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000111873

1. Corporation Name

World Wide Sales Corp.

100212292151
09/19/11--01017--024 **1800.00

2. Principal Office Address - No P.O. Box #

2015 SE 27th Drive

Suite, Apt. #, etc.

3. Mailing Office Address

2015 SE 27th Drive

Suite, Apt. #, etc.

City & State

Homestead, Florida

City & State

Homestead, Florida

Zip

33035

Country

USA

Zip

33035

Country

USA

CR2R081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 12/6/20

5. FEI Number

651079569

☐ 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

Albert J. Sola

Street Address (P.O. Box Number is Not Acceptable)

2015 SE 27th Drive

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33035

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

Albert J. Sola

REGISTERED AGENT MUST SIGN

Date 13 September, 2011

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
PSD	Albert J. Sola	2015 SE 27th Drive	Homestead, FL 33035
T	Harry A Sanchez	21975 SW 147th Ave	Miami, FL 33170

REINSTATEMENT 04-11-11

10. E-mail Address:

(To be used for future annual report notification)

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 corporation satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Albert J. Sola

9-12-11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #