

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000112018

1. Corporation Name

WORLDWIDE INTERNET MARKETING CORP.

Principal Place of Business

Mailing Address

5510 CASTLE GATE AVENUE
DAVE FL 33331

5510 CASTLE GATE AVENUE
DAVE FL 33331

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.
3016 NW 79th Avenue
City & State
Miami, FL

Suite, Apt. #, etc.
3016 NW 79th Avenue
City & State
Miami, FL

Zip
33122

Country
Dade

Zip
33122

Country
Dade

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/2000

5. FEI Number

65-1060078

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	RODRIGUEZ, MIGUEL JR	5510 CASTLE GATE AVENUE	DAVE FL 33331
SD	TRAPANESE, ALBERT Diez, Mario	844 NE 25TH AVENUE 3016 NW 79 th Avenue	HALLANDALE FL 33009 Miami, FL 33122
			70000472447--3 -12/13/01--01019--020 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

RAVARRO, RENE P.A.
1001 CORAL WAY
SUITE 204
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name
Mario Diez
Street Address (P.O. Box Number is Not Acceptable)
3016 NW 79th AVENUE
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33122

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

Date

11-7-01

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:

Miguel Rodriguez

10-18-01

305-406-1096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #