

APPROVED  
AND

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 FEB 14 AM 8:37

28  
2-19-08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000020309**

**1. Corporation Name**

**New Alliance World  
Connection, Inc.**

400118061104  
02/14/08--01039--003 \*\*450.00

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

**9850 SW 72 CT**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**9850 SW 72 CT**

Suite, Apt. #, etc.

**City & State**

**MIAMI, FL**

**Zip**

**33156**

**Country**

**USA**

**City & State**

**MIAMI, FL**

**Zip**

**33156**

**Country**

**USA**

**REINSTATEMENT** 06-08

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**FEB-23-2001**

**5. FEI Number**

**65-1077988**

☐ 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**

**HUGO VIZCARRA**

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

**9850 SW 72 CT**

Suite, Apt. #, Etc.

**City**

**MIAMI**

**State**

**FL**

**Zip Code**

**33156**

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

**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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date **FEB 12-2008**

**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
PST	HUGO VIZCARRA	9850 SW 72 CT	MIAMI / FL / 33156

**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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 12-08 305.218.2900**

Date

Daytime Phone #



Miami, February 12, 2008

**Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301**

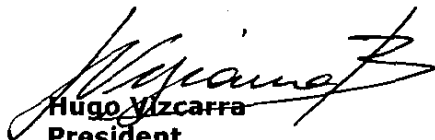
**RE: APPLICATION FOR REINSTATEMENT**

Dear Sirs,

Attached you will find our application for CORPORATION REINSTATEMENT with a check for the amount of \$450.00 (four hundred and fifty 00/100 US Dollars).

Please be advice that we haven't received any notice for dissolution, reason by which we request to waive the reinstatement fees.

Best regards,

  
**Hugo Vizcarra  
President  
305-218-2900**