

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 24 AM 8:00

DOCUMENT # P01000062193

1. Corporation Name

WORLDNET MORTGAGE, INC.,

REINSTATEMENT 02-04
MRS

900028412799
02/09/04--01051--018 **900.00

2. Principal Office Address

12550 Biscayne Blvd.

3. Mailing Office Address

12550 Biscayne Blvd.

Suite, Apt. #, etc.

500

Suite, Apt. #, etc.

500

City & State

N. Miami, FL

City & State

N. Miami, FL

Zip

33181

Country

USA

Zip

33181

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/22/2001

5. FEI Number

☒ 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

Frank Freeman

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

666 NE 125 Street,

Suite, Apt. #, Etc.

238

City

Miami

State

FL

Zip Code

33161

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

Frank Freeman

Date January 7, 2004

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
PSD	Chow, Alcira	12550 Biscayne Blvd., Suite 500	Miami, FL 33181

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)(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:

Alcira Chow

1/7/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20081 (10/02)