PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | PRATION ATEMENT | | | ecretary | | STATE | | | FILED TARY OF STATE OF CORPORATION C-2 PM 1:10 | |
|--|---|----------|------------------|---|---------------------|--------------|--|--------------|---|------------|
| DOCUMENT # P01000068330 1. Corporation Name | | | | | | | ! | • | | |
| World-Wide Resources Group Corp. | | | | | | | | | 25425086 -01050011 **450.00 | |
| 2. Principal Offic | 3. Mailing Office Address 1000 Ponce de Leon Blud Suite, Apt. #, etc. | | | n Blud | REINSTATEMENT 02-03 | | | | | |
| Ne: 328 | | | ste: 328 | | | | 4. Date Incorporated or Qualified | | | |
| City & State | | | City & State | | | | To Do Business in Florida 07-11-0/ | | | |
| Coral Gables, FL | | | Coral Gables, FL | | | - | 5. FEI Number Applied For Not Applicable | | | |
| ^{zip} 3313 | Countr | у' | 3313· | | Country | | 6. CERTIFICATE | OF STATU | \$8.75 Additional Sectional | red |
| | | · | 7. Na | me and Add | fress of Curren | nt Registere | ed Agent | | | |
| Na | Name Waldo P. Dumenigo | | | | | | | | | |
| | Street Address (P.Q. Box Number is Not Acceptable) , | | | | | | | | | |
| <u>_</u> | 1000 Ponce de Leon Bird. Suitq. Apt. #, Etc. | | | | | | | | | |
| 8 V | Se: 328 | | | | | | | | | |
| Cit | Coral Gables | | | | | | | State FL_ | Zip Code 33134 | — ຄ |
| 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 | | | | | | | | | | |
| Signature of Registered Agent Walto Dunaco | | | | | | | | Date _ | | 2E081 |
| REGISTERED AGENT MUST SIGN | | | | | | | | | | |
| 9. Names and Street Addresses of Each Officer and/or Officetor (Florida nonprofit corporations must list at least 3 | | | | | | | | | | _ |
| Titles | Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director | | | City / State / Zip | | | |
| PID W | Waldo P. Dumenigo | | | 1000 Poncedeleon | | | #328 200 Blud | , | | |
| VID NO | ancy: | S. Dumer | , - (| 000 | | | 200 Blvd. | Co | al Gables, FL 33134 | |
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| 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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | | | | |

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002 UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I INCORPORATED.

I MADE A CHANGE IN BANKING ACCOUNTS WHEN I FOUND OUT THAT I WAS NOT ACTIVE WITH YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY

WALDO P. DUMENIGO

PRESIDENT