

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 18 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000091764

**1. Corporation Name**

S.T.I. WORLD ENTERPRISES, INC.

**2. Principal Office Address**

4100 EVANS AVE

**3. Mailing Office Address**

4100 EVANS AVE

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

2

City & State

FORT MYERS

City & State

FORT MYERS FL

Zip

FLORIDA

Country

LEE

Zip

33912

Country

LEE

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

**5. FEI Number**  
65-1143040

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

IDLETTE, YORUBA

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

9842 BERNWOOD PLAC DR

Suite, Apt. #, Etc.

208

City

FORT MYERS

State

FL

Zip Code

33912

**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

11/10/04

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
D	IDLETTE, YORUBA	9842 BERNWOOD PL DR STE 208	FORT MYERS FL 33912

*BR 11/24*

000042865210  
11/18/04--01031--018 \*\*1200.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/09/04

Date

239-278-1010

Daytime Phone #