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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 17 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000099571

1. Corporation Name

NEW WORLD INSPECTIONS, INC.

W04-31207

REINSTATEMENT 02-04

2. Principal Office Address	**3.** Mailing Office Address
1800 WEST 49TH STREET	SAME
Suite, Apt. #, etc.: 324A	Suite, Apt. #, etc.: SAME
City & State: HIALEAH, FL	City & State: SAME
Zip: 33012 / Country: USA	Zip: SAME / Country: SAME

4. Date Incorporated or Qualified To Do Business in Florida: 1012/2001

5. FEI Number: 65-1123204 — ☐ 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: JUSTIN A. SCHAEFER

Street Address (P.O. Box Number is Not Acceptable): ~~8350 NW 52 TERRACE~~ 730 NE 71st street

Suite, Apt. #, Etc.: ~~301~~

City: MIAMI — State: FL — Zip Code: ~~33166~~ 33138

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 _____ REGISTERED AGENT MUST SIGN — Date 09/01/2004

CR2E081 (01/04)

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
- P	GEORGE GARCIA	1800 WEST 49th STREET SUITE 324A	HIALEAH, FLORIDA 33012

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08/10/04--01053--009 **1050.00

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: _____ 3/8/04 (305) 825-2999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #