PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM			<u> </u>	Secretar	TMENT OF y of State orporations		05	SEP	ILED -7 /M			
DOCUMENT # P01000101518								SECTION OF THE SECTIO					
1. Corporation Name Venture Capital World Wide, Inc.								•					
Venture Cupital World Wide, Inc.								900058845819 08/22/0501055002 **1208.75					
2. Principal Office Address 2410 Margolin Lane					3. Mailing Office Address 2410 Margolin Lane				REINSTATEMENT 02-05				
Suite, Apt. #, etc. Suite, Apt. #, etc.								4. Date Incorp	orated or	Qualified			
City & State Clearwater, FL				City & State	City & State "Clearwater," FL			To Do Business in Florida 10-18-01					
Zip 33764	Zip Country			Zip				6. CERTIFICATE	3/3	2248	\$8.75 Additional		
33704	USA 33764 USA CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent										of Status		
	Name Richard J. DaFonte, Esq.												
	Street Address (P.O. Box Number is Not Acceptable) 1000 Belcher Road S.												
	Suite, Apt. #, Etc. Suite 2												
	City Largo					·			State	Zip Code 33771			
8. I, being appointed the registered agent of the above named corporation, am faintliar with and accept be obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date August 18, 2005													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea										-			
Titles	Name of Officers and/or Directors			rs	Street Address of Eac Officer and/or Directo				City / State / Zip				
D	Jerry Marino				2410 Margolin Lane			Clearwater, FL 33764					
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this rei	nstatement ap by the corporat application is	plication, tion have	, the reason for d been paid and th	ceiver or trustee endissolution has been names of individual signature shall have the control of	n eliminated luais listed (t, the corporate r on this form do n ne legal effect as	name satisfies not qualify for a	s the requirements an exemption und er oath,	of section	1607.0401 or 61 119.07(3)(i), F.S	7.0401, F.S., that i. The Information	all fees	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #													