

CAPITAL CONNECTION

850 222 1222

10/18 '04 10:40 NO.554 02/02

H04000207448

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD1000118331

1. Corporation Name
WORLDBLINK MEDIA CONSULTANTS, INC.

2. Principal Office Address
1802-102 N. UNIVERSITY

3. Mailing Office Address
1802-102 N. UNIVERSITY

Suite, Apt. #, etc.
#193

City & State
PLANTATION, FL

Zip
33322

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
12/13/2001

5. FEI Number
300041692

6. CERTIFICATE OF STATUS DESIRED
 5875 Additional Certificate for a Certificate of Status

FILED
CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS
OCT 18 AM 11:31

REINSTATEMENT 0304

7. Name and Address of Current Registered Agent

Name
MICHAEL D SCHWABER

Street Address (P.O. Box Number is Not Acceptable)
1802-102 N. UNIVERSITY

Suite, Apt. #, etc.
#193

City
PLANTATION

State
FL

Zip Code
33322

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or §17.0503, F.S.

Signature of Registered Agent
Michael D Schwaber

REGISTERED AGENT MUST SIGN

Date
10-18-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PRES</u>	<u>MICHAEL SCHWABER</u>	<u>1802-102 N. UNIVERSITY</u>	<u>PLANTATION, FL 33322</u>

10. I certify that I am an officer or director of 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)(f), 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: Michael D Schwaber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
10-18-04

Daytime Phone #
954-423-4414

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

CORPORATION REINSTATEMENT

WORLDBLINK MEDIA CONSULTANTS, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$900.00

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