

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAR 29 AM 8:00

DOCUMENT # 002000002916

1. Corporation Name  
WORLD DATA EXCHANGE, INC  
951 CLINT MOORE ROAD  
BOCA RATON, FL 33487

800031351288  
03/29/04--01084--008 \*\*900.00

**REINSTATEMENT 03-04**

2. Principal Office Address  
6766 WINDPOINT WAY  
Suite, Apt. #, etc.

3. Mailing Office Address  
6766 WINDPOINT WAY  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida 11/09/02

5. FEI Number  
03-0374880  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

City & State  
LAKE WORTH, FL  
Zip 33467 Country US

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LAKE WORTH, FL  
Zip 33467 Country US

**7. Name and Address of Current Registered Agent**

Name  
JAMES BOYD  
Street Address (P.O. Box Number is Not Acceptable)  
6766 WINDPOINT WAY  
Suite, Apt. #, Etc.  
City  
LAKE WORTH  
State  
FL  
Zip Code  
33467

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  
James Boyd  
REGISTERED AGENT MUST SIGN

Date 3/19/04

**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
D/P	DAVID D. RAHIMI	5330 GRAND BANKS BLVD	GREEN ACRES, FL 33463

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/04 561-255-1426  
Date Daytime Phone #

CR2E081 (01/04)