2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000003838

Name:

Address:

City-St-Zip:

MONTAVL, NELSON

3183 APTH CRESTWOOD CIR

SAINT CLOUD, FL 34772

FILED Jun 23, 2005 Secretary of State

Entity Nar	ne: WORL	D CLASS A/C, INC.			
Current P	rincipal Pla	ce of Business:	New Principal Place	of Business:	
3327 KALE ST. CLOUI	EIGH CT. D, FL 34772	2			
Current M	ailing Add	ress:	New Mailing Addres	s:	
3327 KALE ST. CLOUI	EIGH CT. D, FL 34772	2			
FEI Number: 04-3585686		FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address o	f Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
3327 KALE ST. CLOUI	D, FL 34772 named enti	2 US	urpose of changing its registere	d office or registered agent, or both,	
	of Florida.				
	Elect	LES L MATCHETT ronic Signature of Registered Agel sing Trust Fund Contribution ().	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP MATCHETT, 3327 KALEI ST. CLOUD,	GH CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP DICICCIO, L 5935 LK ME ORLANDO,	LROSE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	М	(X) Delete	Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES L MATCHETT DP 06/23/2005