

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000021445

1. Corporation Name

MAPS OF THE WORLD, CORP.

2. Principal Office Address - No P.O. Box #
5847 S 37TH STREET

Suite, Apt. #, etc.

City & State
GREENACRES

Zip Country
33463 USA

3. Mailing Office Address
5847 S 37TH STREET

Suite, Apt. #, etc.

City & State
GREENACRES

Zip Country
33463 USA

7. Name and Address of Current Registered Agent

Name
PRADA, PABLO JESUS

Street Address (P.O. Box Number is Not Acceptable)
5847 S 37TH STREET

Suite, Apt. #, Etc.

City State Zip Code
GREENACRES FL 33463

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 *Pablo Jesus Prada*

REGISTERED AGENT MUST SIGN

Date **November 5, 2007**

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
PD	Prada, Pablo Jesus	5847 S 37TH Street	Greenacres, 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 contained in Chapter 119, 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: *Pablo Jesus Prada*

PRADA, PABLO JESUS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 5, 2007 347-801-6101

Date

Daytime Phone #

FILED

07 NOV -7 PM 3: 54

RECEIVED BY STATE
AT LANSSEE, FLORIDA

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **02/25/2002**

5. FEI Number
450457266

Applied For

Not Applicable

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

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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11/05/07--01031--008 **450.00