

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
VISION OF CORPORATION

04 DEC 13 PM 2:53

DOCUMENT # PO2000059935

1. Corporation Name

World of Production Holding Inc.

2. Principal Office Address

4055 N.W. 183ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33055

Country

Dade

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Lawrence Wright

Street Address (P.O. Box Number is Not Acceptable)

4055 N.W. 183 ST

Suite, Apt. #, Etc.

City

Miami FL

State

FL

Zip Code

33055

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

REGISTERED AGENT MUST SIGN

Date

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
CEO	Lawrence Wright	4055 N.W. 183ST	Miami FL 33055

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-13-04

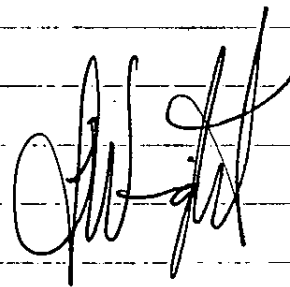
Daytime Phone #

CP2E081 (01/04)

Dec. 13. 2003

To Woman at Day Center

I don't receive my computer  
file, in the year 2003. My address  
had change in that year

A handwritten signature in black ink, consisting of stylized, overlapping loops and strokes, likely representing the name of the sender.