

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 13 AM 8:31

DOCUMENT # P02000102958

1. Corporation Name *C.R. Worldwide, Inc.*

800082522588
12/13/06--01049--017 **300.00

2. Principal Office Address
8901 SW 10 Terr

3. Mailing Office Address
8901 SW 10 Terr

REINSTATEMENT 05-06
CR2E681 (12/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

4. Date Incorporated or Qualified To Do Business in Florida *9-24-02*

5. FEI Number *54-2078480* Applied For Not Applicable

Zip *33174* Country *USA*

Zip *33174* Country *USA*

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

7. Name and Address of Current Registered Agent

Name *CANTISANO, Jose V.*
Street Address (P.O. Box Number is Not Acceptable) *8901 SW 10 Terr.*
Suite, Apt. #, Etc.
City *Miami* State **FL** Zip Code *33174*

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 *[Signature]* REGISTERED AGENT MUST SIGN
Date *12-11-06*

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
<i>PO</i>	<i>CANTISANO, Jose V</i>	<i>8901 SW 10 Terr.</i>	<i>Miami FL 33174</i>
<i>VD</i>	<i>Roig-CANTISANO, ANA</i>	<i>8901 SW 10 Terr.</i>	<i>Miami FL 33174</i>

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-11-06 - *305-331-4752*
Date Daytime Phone #

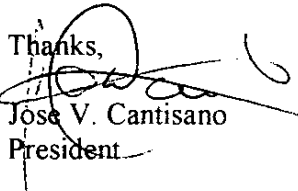
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C.R. WORLDWIDE, INC.
8901 SW 10 TERRACE
MIAMI, FL, 33174
PH: 305-331-4752 / FAX: 305-554-1844
EMAIL: crwwide@aol.com

Please find our check on the amount of US\$300.00 to reinstatement of our company.

We never received the annual report notice in the year of revocation.

Thanks,


Jose V. Cantisano
President

C.R. WORLDWIDE, INC.