2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000118157

1. Entity Name
WORLDMOVER AMERICAS, INC.

FILED
08 APR 22 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-08

Principal Place of Business	Mailing Address
1007 N FEDERAL HWY # 62 FT. LAUDERDALE, FL 33304	2800 EAST COMMERCIAL BLVD STE 208 FT LAUDERDALE, FL 33308

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	13900 S. JOG ROAD # 203-276
City & State	DELRAY BEACH, FL
Zip / Country	33446 USA

4. FEI Number 04-3720602 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KATZ, ALLEN H 2800 EAST COMMERCIAL BLVD STE 208 FT LAUDERDALE, FL 33308 NEW ADDRESS	Name Allen H KATZ 13900 S. JOG ROAD # 203-276 DELRAY BEACH, FL 33446 USA FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRAHAM, CHARLES M 1007 N FEDERAL HWY # 62 FT. LAUDERDALE, FL 33304 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100121776621 04/01/08--01016--011 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete 4/4/22	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Charles GRAHAM 3-28-08 (954) 252-3757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #