

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 14 AM 11:32

DOCUMENT # P02000125131

1. Corporation Name

TERRA WORLD, INC.

000066216680
02/20/06--01081--003 **1205.00

REINSTATEMENT

CR2E081 (12/05)

2. Principal Office Address 10974 NW 61st COURT
3. Mailing Office Address 10974 NW 61st COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PARKLAND, FL

City & State
PARKLAND, FL

Zip
33076

Country
USA

Zip
33076

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 11/22/2002

5. FEEL Number
13-4226436

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
ERMELANDO ARANGO

Street Address (P.O. Box Number is Not Acceptable)
10974 NW 61st COURT

Suite, Apt. #, Etc.

City
PARKLAND

State Zip Code
FL 33076

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 02/01/2006

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
P/T	ELCONIDES ARANGO	10354 GENTLEWOOD FOREST DRIVE	BOYNTON BEACH, FL 33437
V/S	ERMELANDO ARANGO	10974 NW 61st COURT	PARKLAND, FL 33076

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:

Elconides Arango, President 02/01/2006

954-658-1132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/06