

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 NOV 13 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000012923

1. Corporation Name

Azure Worldwide, Inc.

200112235732  
11/13/07-01052-007 \*\*122.50

2. Principal Office Address - No P.O. Box #

2002 East 5th Ave

Suite, Apt. #, etc.

210

City & State

Tampa, FL

Zip

33605

Country

Hillsborough USA

3. Mailing Office Address

2002 East 5th Ave.

Suite, Apt. #, etc.

210

City & State

Tampa, FL

Zip

33605

Country

USA

200112235732  
11/13/07-01052-007 \*\*300.00  
REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

1/16/2004

5. FEI Number

20-0930020

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

Jim Gray

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

3984 East SR 64

Suite, Apt. #, Etc.

City

Bradenton.

State

FL

Zip Code

34208

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.

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 11/9/07

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	Markus Beck	2002 E. 5th Ave #210	Tampa, FL 33605

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

11-10-07

Date

813 383 9270

Daytime Phone #

\$300.00

S. Mitchel NOV 13 2007