PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	FELAGE NEAD	ALL INSTITUTE	ONS BEI ONE O	FILED
		FLORIDA DEPARTMENT OF STATE		
CORPORATION REINSTATEMENT		Secretary of State		05 OCT -4 PM 1: 26
		DIVISION OF CO	DRPORATIONS	JEUNE FAIRY OF STATE
DOCUMENT #				TALLAHASSEE, FLORIDA
DOCUMENT # P04000093114				
WorldLink Financial, Inc.				
				PINOTASPONENS? AF
2. Principal Office Address 3. Mailing Office Address 93.10 Old Kings Boad South 93.10 Old Kings Boad South			s Road South	einstatement os
9310 Old Kings Road South 9310 Ol Sulte, Apt. #, etc. Sulte, Apt. #,			3 1 1044 00411	CR2E081 (8/05)
#404 #404				4. Date incorporated or Qualified To Do Business in Florida 6/17/2004
City & State Jacksonville, FL City & State Jackson			FI	5. FEI Number Applied For
·		Jacksonville, FL		20-1262093 Not Applicable
32257	USA	32257	USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requirements for a Certificate of Status
7. Name and Address of Current Registered Agent				
	Terry D. Cordell, Esq.			400060203704 18/84/65010700 **758,73
	Street Address (P.O. Box Number is Not Acceptable) 9310 Old Kings Ro			ad South
	Suite, Apt. #, Etc. #404			
	Jacksonville			State Zip Code 32257
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 Tenh D. mall				Date 9/24/05
		EGISTEREĎ AGENT MUST		· · · · · · · · · · · · · · · · · · ·
	s and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at Name of Street Address of Ea			h
Titles	Officers and/or Directors		Officer and/or Directo	r City / State / Zip
P/D	Terry D. Cordell 9310 Old Kings Ro		Old Kings Road S	outh #404 Jacksonville, FL 32257
S/D	Charles J. Speranzella 9310		Old Kings Road S	outh #404 Jacksonville, FL 32257
			<i>N</i>	
	1			
	Dill			(4
			2	
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 filling 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)(i), 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.				
The last the state also are no no not				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daylurne Phone #				
	1			