

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUL -7 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300156298323
07/07/09--01028--004 **472.50

DOCUMENT # PO4000105589

1. Corporation Name

FL WORLDWIDE TRANSMISSIONS, INC.

W09-4309

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

714 BARNETT DR

Suite, Apt. #, etc.

2

City & State

LAKE WORTH, FL

Zip

33461

Country

PALM BEACH

3. Mailing Office Address

714 Barnett Dr

Suite, Apt. #, etc.

Unit 2

City & State

Lake worth

Zip

33461

Country

Palm Beach County

05/02/09-101009-002 **450.00

REINSTATEMENT

07-09

4. Date Incorporated or Qualified
To Do Business in Florida

07-16-2004

5. FEI Number
90-0192046

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES HUDSON

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

5544 LAKE GENEVA DR

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33461

☒ 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 607.0605 or 617.0503, F.S.

Signature of
Registered Agent

James M. Hudson

REGISTERED AGENT MUST SIGN

Date 6-29-09

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
PRES	JAMES HUNSON	5544 LAKE GENEVA DR	LAKE WORTH, FL 33461

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:

James M. Hudson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-09

Date

Daytime Phone #

7 2009