


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000123030</b> 1. Entity Name <b>WE ARE THE WORLD INC.</b>	
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FILED

2009 APR -9 AM 11:03

Principal Place of Business <b>14243 SW 92 STREET MIAMI, FL 33186</b>	Mailing Address <b>14243 SW 92 STREET MIAMI, FL 33186</b>
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1001743283691  
 04/09/09--01006--014 \*\*500.00  
 SEC. OF STATE  
 REINSTATEMENT  
 04082009 REIN-PL CR2E094(1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



REINSTATEMENT 09

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>SANCHEZ, MARIA G 14243 SW 92 STREET MIAMI, FL 33186</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code	

4. FEI Number <b>56-2533798</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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: *Maria G. Sanchez* 4-8-09

Signature, typed or printed name of registered agent and officer applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SANCHEZ, MARIA G</b>	NAME	<b>AYDA YOUNG</b>
STREET ADDRESS	<b>14243 SW 92 STREET</b>	STREET ADDRESS	<b>14243 SW 92 ST Miami FL 33186</b>
CITY-ST-ZIP	<b>MIAMI, FL 33186</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Maria G. Sanchez* 4/8/2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #