

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000147110

1. Entity Name
WORLD-WIDE AMERICAN TITLE CORP.



Principal Place of Business
13255 SW 137 AVE #108
MIAMI, FL 33186

Mailing Address
18001 OLD CUTLER ROAD
533
MIAMI, FL 33157

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LOPEZ, JOSE
2655 LEJEUNE ROAD
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Jose Lopez

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME AMADO, Y.H.
STREET ADDRESS 18001 OLD CUTLER ROAD, #533
CITY-ST-ZIP MIAMI, FL 33157 ☐ Delete

TITLE VP
NAME ALFANO, A.
STREET ADDRESS 18001 OLD CUTLER ROAD, #533
CITY-ST-ZIP MIAMI, FL 33157 ☐ Delete

TITLE T
NAME AMADO, J.
STREET ADDRESS 18001 OLD CUTLER ROAD, #533
CITY-ST-ZIP MIAMI, FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete *10/9*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP *700110497267*
*10/08/07-01050-013 **150.00*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Y. Amado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-971-6101

FILED
07 OCT -8 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



100220 REINSTATEMENT 07

4. FEI Number
APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required