

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 APR 16 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000147110

1. Corporation Name

WORLD-WIDE AMERICAN TITLE CORP.

300123787973
04/17/08--01001--013 **750.00

REINSTATEMENT 07-08

CR2E081 (12/07)

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

555 Winderley Place

Suite, Apt. #, etc.

Suite 300

City & State

Maitland, Florida

Zip

32751

Country

USA

3. Mailing Office Address

1101 Pennsylvania Avenue

Suite, Apt. #, etc.

7th floors

City & State

Washington, District of Columbia

Zip

20004

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/2005

5. FEI Number

☒ 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

JOSE LOPEZ

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

1000 PONCE DE LEON BLVD. # 334

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

☐ 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 4-9-08

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	PADILLA, A	1000 PONCE DE LEON BLVD.	CORAL GABLES FL 33134
VP	ALFANO, A.	1000 PONCE DE LEON BLVD.	CORAL GABLES FL 33134
S	AMADOR, Y.	1000 PONCE DE LEON BLVD.	CORAL GABLES FL 33134
T	ARMANI, J	1000 PONCE DE LEON BLVD.	CORAL GABLES FL 33134

300123787973
04/17/08--01001--012 **1200.00

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

4-9-08

Date

305-253-7881

Daytime Phone #