

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P05000147629**

1. Corporation Name

**WORLDWIDE HANDICRAFTS, INC**

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

**15375 SW 31ST TERR**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

**33185**

Country

**US**

3. Mailing Office Address

**15375 SW 31ST TERR**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

**33185**

Country

**US**

**7. Name and Address of Current Registered Agent**

Name

**MIGUEL A. BOLIVAR**

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

**15375 SW 31ST TERRACE**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33185**

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

REGISTERED AGENT MUST SIGN

Date **20 JANUARY 2010**

**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	Miguel A. Bolivar	15375 SW 31st Terrace	Miami, FL 33185

10. E-mail Address: **CALIMAB5@HOTMAIL.COM**

(To be used for future annual report notification)

11. 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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**20 Jan 2010 786 587-8653**

Date

Daytime Phone #

FILED

10 JAN 27 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 08-10**

**900167363909**

01/27/10--01039--023 \*\*1050.00

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida **03 NOV 2005**

5. FEI Number

**20-3750598**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.