

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 MAR 23 PM 2:19

**DOCUMENT # P06000065143**

1. Corporation Name

**WORLD WIDE APPAREL GROUP, INC.**

**FILING CANCELLED  
RETURNED CHECK**

**REINSTATEMENT 07-12**

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box # <b>801 Brickell Avenue</b>		3. Mailing Office Address <b>801 Brickell Avenue</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami, Florida</b>		City & State <b>Miami, Florida</b>	
Zip <b>33131</b>	Country <b>USA</b>	Zip <b>33131</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida <b>05/09/2006</b>	
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <b>John W Perez</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>80 S.W. 8th Street</b>		
Suite, Apt. #, Etc.		
City <b>MIAMI</b>	State <b>FL</b>	Zip Code <b>33130</b>

**300226003053**  
**03/26/12--01005--003 \*\*1500.00**

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

Date **03/19/2012**

REGISTERED AGENT MUST SIGN

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	Romeo, Gabriel	2332 Galiano Street	Coral Gables, Florida 33134
VP	Cervera, Guido	2332 Galiano Street	Coral Gables, Florida 33134
T	De la Rosa, Lazaro	2332 Galiano Street	Coral Gables, Florida 33134
S	Gonzalez, Angel	2332 Galiano Street	Coral Gables, Florida 33134

**MAR 23 2012**

**T. CAULEY**

10. E-mail Address: **worldwideat@aol.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/19/2012 3054542010**

Date

Daytime Phone #