PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

•	PORATION STATEMENT		S	DEPARTME Secretary of S			FILLED SECRETARY OF STATE DIVISION OF CORPORATIONS 09 AUG 25 PM 1: 10	
DOCUMENT # AAA WORLYUZC INC, 1. Corporation Name PO60000 96335							•	
	,						00157775270 5/0901003004 **450.00	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address P.O. Box 1651						06/25	00157775270 5/0901036005 **8.75 cr26081 (12/08)	
Suite, Apt. #, etc. Suite, Apt. #, etc.							siness in Florida 17-1/14	TR A
City & State City & State HiG				H CPD: 165 5. F		5. FEI Number		72 72
21p 32038 Country S. A. Zip 326				55 co	1.5.A.	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent								
Name Jesus HURTADO						The reinstatement fee is imposed, except in circumstances which the entity did not receive		
Street Address (P.O. Box Number is Not Acceptable) 527 SW GRAND PA WAY					the prior notices. By checking this box, you			
Suite, Apt. #, Etc.						are certifying the prior notices were not received and requesting the reinstatement		
CHY FORT WhiTe				State FL	32038	fee be waived. 2 Ex's had Po Box Key changed lock only one haw, on 527 RULAL Delivery Filed mail complaint wou Fire		
8. I, being a	ppointed the register	ed agent of the above	e named corpor	ation, are familiar	with and accept the o		on 607.0505 or 617.0503, F.S.	
Signature of Registered Agent Date 06-23-2009 REGISTERSO 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/D	Jesus Huntado			527 SW GRANDPAWAY			FORT WhiTe FL32058	
VP/T	Jesus HunTAdo			527 SW GRANdPAWAY			FORT WhiTE FL32038	
5	Jesus HUNTAdo			527 SW GRAND PAWAY			FORT WhiTEFL32838	
				TOTAL TO	N Priess A Section 1		B 8/26/59	
			<u> </u>	ETV?	TATE	<u>MEN</u>	I'D')-07	
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 skill have the same legal effect as if made under oath.								
SIGNAT	URE: SRUNATURE	AND TYPED OR PRO	MTC NAME OF S	GNING OFFICER O	TESUS H	URIADO	06-23-2009 Date Daytime Phone #	