

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1997 JUL 24 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000004566**

1. Corporation Name

WORLDWIDE INFORMATION SERVICES, INC.

Principal Place of Business

Mailing Address

~~BOX 21201~~
~~FT LAUDERDALE FL 33310~~

~~BOX 21201~~
~~FT LAUDERDALE FL 33310~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
P. O. Box 21645

3. New Mailing Office Address, If Applicable
P. O. Box 21645

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0396080

Applied For

Not Applicable

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33335-1645

Country

Zip
33335-1645

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	BONNEAU, WILLIAM H	6278 N FEDERAL HWY SUITE 204 , Suite 27 7040 W. Palmetto Park Rd., #4	FT LAUDERDALE FL 33308 Boca Raton, FL 33433
V	EDWIN, BONNEAU U.	BOX 1126 N/A	PONTE VEDRA FL
S	EUART, JOAN L.	700 SE 14TH ST #B	FT LAUDERDALE FL 000002251000--2 -07/29/97--01087--008 ****915.00 ****915.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BONNEAU, WILLIAM H
700 SE 14TH ST #B
FT LAUDERDALE FL 33316

Name

Street Address (P.O. Box Number is Not Acceptable)
7040 W. Palmetto Park Rd.

Suite, Apt. #, Etc.
#4, Suite 27

City

Boca Raton

State
FL

Zip Code
33433

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

William H. Bonneau

REGISTERED AGENT MUST SIGN

Date

7/23/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

William H. Bonneau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/97 561-342-2572
Date Daytime Phone #