PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE FILED APPLICATION A Sandra B. Mortham FOR Q10 1797 JUL - 1 MM 8: 177 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEC, FLORIDA DOCUMENT # \$93000 046589 Worldwise Resont Marketing, Inc Mailing Address Principal Place of Business P.O. Box 4382 7009. E. AcomA Swt41 Jale AZ 85258 addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4.38.2

Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida Applied For Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificale of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip Title(s) 100 N. JAMPA ST Ste 2830 MARTIN T. RAML 500002232575--2 -07/08/97--01039--001 ****315.UU 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name MARTINTI RAM L P.O. BOX 2175 100 N. TAMPA ST SUR 2830 Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc. TAMPA 71 33601-2175 State | Zip Code 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 Date 6-27.97 REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. on intangible tax.) Yes L No L 12. Leartify that Lam 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 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. 6-27-97 991-SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: