PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 NOV - 1 AN 9: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

P95000081872 **DOCUMENT #**

1. Corporation Name

WORLD MANAGEMENT, INC.

Principal Place of Business

Mailing Address



		4722 S.W. 74TH A1 MAMI FL 33155	4722 S.W. 74TH AVENUE MANN FL 33155			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						
			ce Address, if Applicable	4. Date Incorpora	etted or Qualified sa in Florida 10/25/1995	
Suite, Apt. #, etc. Suite, Ap				5. FEI Number	Apolied For	
City & State		City & State	State		450381002 Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE C	OF STATUS DESIRED	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Title(s)	Name of Officers and/or Directors 2 3		Street Address of Eac Officer and/or Direct (Do NOT Use Post Office Box	ch or Numbers)	City / State / Zip	
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	<u> </u>			DEINST	ATEMENT	
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8. Name and Address of Current Registered Agent						
PEREZ, M	AFIAN G		ROSE	L DE A	lamas [
6356 MANOR LANE			Street Address	(P.O. Box Number is	Not Acceptable	
SUITE 102	•		Suita. Act. 6, Et	Constitution with the second		
SOUTH MAMI FL 33143				NAME OF TAXABLE		
•;			MIAN		FL 2315C	
10. Is 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 Registered Agent Most BigN						
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No No 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.; further certify that when liting this reinstalement 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 ceth.						

SIGNATURE:

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