

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 2:29

DOCUMENT # P95000087706

1. Corporation Name

WORLDWIDE AMUSEMENT SERVICES CORPORATION

**FILING CANCELLED
RETURNED CHECK**

2. Principal Office Address - No P.O. Box #

801 Brickell Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

801 Brickell Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

USA

Zip

33131

Country

USA

REINSTATEMENT 97-2012

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **11/14/1995**

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John W Perez

Street Address (P.O. Box Number is Not Acceptable)

80 S.W. 8th Street

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33130

600226003516
03/26/12--01005--004 **3000.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **03/19/2012**

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	De la Rosa, Lazaro	2332 Galiano Street	Coral Gables, Florida 33134
VP	Cervera, Guido	2332 Galiano Street	Coral Gables, Florida 33134
T	Romeo, Gabriel	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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/2012 3054542010

Date

Daytime Phone #