PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			11				URN	CANCEL IED CHE		
DOCUMENT # P95000090313 1. Corporation Name									IRL FAF L a has	₹r C SEE	F STATE , FLORID	E A			
GLOBAL WORLD-WIDE BANKERS TRUST CORP.															
									10	Da	sõõa	16	171		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address - No P.O. Box # 782 NW 42 AVENUE 16675 C						ess CUTLER	100200816171 - 04/07/1101004004 **1800.00 CR2E081 (11/09)						JU		
Suite, Apt. #, etc. Suite. Apt. #,								4 . D	ate Incorpo	orated	or Qualified				
City & State City & State									To Do Business in Florida 11/2 5. FEI Number			28/19	.8/1995 ✓ Applied For		
MIAMI FL Zip Country					MIAMI FL Zip Country			Not Applicab					icable		
33126		USA	*	1	33157 USA				6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status						
7. Name and Address of Current Registered Agent Name FiGUERO-ARIAS, CARMELO Street Address (P.O. Box Number is Not Acceptable) 960 W 49 STREET Suite, Apt. #, Etc.								The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.							
City HIALIAH						State Zip Code FL 33012			ice be i	Wai V C	.u.			İ	
8. I, being Signature o Registered	of	e register	ed agent of the	REGISTERS	Date 0 4-01-11										
9. Names	s and Street A	.ddresses	of Each Office	er and/or Director	(Florida nonp	orofit corporation	s must list at le	ast 3 dir	rectors)						
Titles	Name of Officers and/or Directors			ctors	Street Address of Eac Officer and/or Directo						C	City / State	e / Zip		
Р	AMA	DO	, ISH	AI .	3001 SW 101 CT					MIAMI FL 33175					
VP	TENDERO, RAFAEL					3001 SW 101 CT				MIAMI FL 33175					
T	PEREZ, ROBERTO					3001 SW 101 CT				MIAMI FL 33175					
S	MUNOZ, MIGUEL J					3001 SW 101 CT				MIAMI FL 33175					
AS	GONZALEZ, ANGEL					3001 SW 101 CT				MIAMI FL 33175					
						<u>.</u>									
10. E-mail Address; paralegalfi@att.net (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 filling this reinstatement application, the reason for dissolution has been elimingled, 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. I turber pertify, 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: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/OFFICER OR DIRECTOR Daytime Phone #												es s if 606			