

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 NOV 20 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PAW000011110

1. Corporation Name

World Bridge, Inc.

Principal Place of Business

8255 International Dr., #148  
Orlando, FL 32819

Mailing Address

8800 Latrec Ave., #305  
Orlando, FL 32819

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

2. New Principal Office Address, If Applicable

8255 International Dr.,  
#148

3. New Mailing Office Address, If Applicable

8800 Latrec Ave.,  
#305

4. Date Incorporated or Qualified  
To Do Business in Florida

Feb. 19, 1996

5. FEI Number

593370841

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **XX**

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Kazuyori Tsubaki	8800 Latrec Ave., #305	Orlando, FL 32819
VP	Koji Tsuchiya	500 N.E. 2nd St., #110	Dania, FL 33004
S	Eri Hotta	6703 Banner Lake Circle #10107	Orlando, FL 32821
T	Kazuyori Tsubaki	8800 Latrec Ave., #305	Orlando, FL 32819
D	Kyoko Tsuchiya	500 N.E. 2nd St., #110	Dania, FL 33004

8. Name and Address of Current Registered Agent

Kazuyori Tsubaki  
8800 Latrec Ave., #305  
Orlando; FL 32819

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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

*Kazuyori Tsubaki*  
REGISTERED AGENT MUST SIGN

Date 11/17/97

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:

*Kazuyori Tsubaki*

Kazuyori Tsubaki

11/17/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #