NOV-24-2003 16:24 P.02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -5 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000018582

1. Corporation Name
WORLD FINANCE, INC.

2. Principal Office Address		3. Mailing Office Address	
2601 S BAYSHORE DR		2601 S BAYSHORE DR	
Suite, Apt. #, etc. 1600		Suite, Apt. #, etc. 1600	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33133	Country USA	Zip 33133	Country USA

000025528910
12/16/03--01044--030 **1650.00

4. Date Incorporated or Qualified To Do Business in Florida 02/26/96

5. FEI Number 65-0653272 — 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 DENNIS J. OLLE, ESQ.

Street Address (P.O. Box Number is Not Acceptable) 2601 SOUTH BAYSHORE DRIVE

Suite, Apt. #, Etc. 1600

City MIAMI | State FL | Zip Code 33133

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 _____ Date NOVEMBER 26, 2003
REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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
D/P/S	SALTER, BRETT	2287 Lake Shore Blvd. W #1501	Etobicoki, Ontario M8V 3Y1 Canada

REINSTATEMENT 02-03 TS

10. 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 _____ Brett Salter, President 11/26/03 416-887-5454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #