PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~ ~~REINSTATEMENT~~ 00-01082

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 MAY -7 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000043022

1. Corporation Name
REAL WORLD COMPUTING, INC

2. Principal Office Address	3. Mailing Office Address
4000 SW 10th ST	4000 SW 10th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1996

5. FEI Number: 65-0708205 ☐ 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: STEVEN COLAIZZI

201.25 - AR
10.00 - ARART'S
88.75 - ARAPP

Street Address (P.O. Box Number is Not Acceptable): 4000 SW 10th ST.

Suite, Apt. #, Etc.:

City: MIAMI, FL State: FL Zip Code: 33134

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: S F COLAIZZI
REGISTERED AGENT MUST SIGN

Date: 4/30/01

CR2E081 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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****300.00 ****300.00

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
PRES	STEVEN COLAIZZI	4000 SW 10th ST	MIAMI, FL, 33134
VP	BLAKE EL-RAMLY	3203 NE 5th ST	POMPANO BCH, FL, 33062
COO	UMAIR JAVED	13937-D SW 44th LANE	MIAMI, FL, 33175
			SP

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: S F COLAIZZI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/30/01 Daytime Phone #: (305)529-1434