

AUG-14-2001 15:10

C T CORPORATION

P.04/05

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

DOCUMENT # P96000093941

1. Corporation Name

FIRST WORLD HOLDING CORPORATION

2. Principal Office Address

P.O. BOX 402791

Suite, Apt. #, etc.

City & State

TROPICAL MIAMI BEACH FL. TROPICAL MIAMI BEACH FL.

Zip

33140

Country

USA

3. Mailing Office Address

P.O. BOX 402791

Suite, Apt. #, etc.

City & State

TROPICAL MIAMI BEACH FL. TROPICAL MIAMI BEACH FL.

Zip

33140

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-15-96

5. FEI Number

APPLIED FOR

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

M. REIDLER

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

1340 NORMANDY DRIVE

Suite, Apt. #, Etc.

City

MIAMI BEACH

100004562981-2

08/30/01 01000-017

****773.75 ****773.75

State
FL

Zip Code

33141

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

REGISTERED AGENT MUST SIGN

Date AUGUST 16, 2001

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
PD	M. Reidler	P.O. Box 402791	Tropical Miami Beach, FL 33140
	103.75-Adm		
	161.25-ARC		
	8.75-COCT		

REINSTATEMENT 97-01

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:

M. REIDLER

AUGUST 16, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CT CORPORATION SYSTEM

CORPORATION(S) NAME

First World Holding Corporation

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- | | | |
|----------------------------------------------|---------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input checked="" type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input checked="" type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____ 8/20/01 Order#: 4737590
 Availability _____
 Document _____
 Examiner _____ Ref#: _____
 Updater _____
 Verifier _____
 W.P. Verifier _____ Amount: \$ _____

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

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 01 AUG 20 AM 11:26
 DIVISION OF CORPORATION