PLEASE READ ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM	•
APPLICATION SEE FLORIDA	A DEPARTMEÑ	NT OF STATE			
FOR	Sandra B. Mor				
REINSTATEMENT DI	Secretary of S VISION OF CORPOR		2.0		
DOCUMENT # P970000011				16 AM 8: Le	
1. Corporation Name		ا کعرش در	_		
WORLDWIDE TARGETED VI	DEO SCR	ZVICES,	TALLAHA	SSEL FLORIDA	
Principal Place of Business Mailing Addre	ess				
Tree FIELD Beach, FL 33441					
8351 NW 62 PLACE If abb Address and Address and Andres of the Place of			REINSTATEMENT ON -08		
2. New Principal Office Address, If Applicable 3. New Mailin 245 N. Ocean Blvd.					
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number Applied For		
Deenfiero Beach, FL 33441 & State  Zip Zip Country  Country  Country  Country  Country  Country			6. Not Applicable		
33441 Country A Zip	Country	′			75 Additional Fee required for a Certificate of Status
Names and Street Addresses of Each Officer and/or Director (Flor Name of Officers		tions must list at leas	st 3 directors)	·····	
Title(s) and/or Directors	Offi	icer and/or Director se Post Office Box Nu	ımberş)	4	tate / Zip
PCD Jeffery D. Chandler	245 N.	Ocean B	lva.	Deentievo l	seach, FL 22441
VD ARthur Dicce	245 N.	Ocean Blu	d.	Deerfier	Beach, FL 33441
SD RandaLL JORDAN 245 N.C		Ocean Blu	Blvd. Decufield Beach, FC 3344/		
			20	00002461	
			<b>C.</b> 1	-03/19/98-A ****908. V9	
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			İ	9	
			9. Name and A	ddress of New Registered	Agent
Kenneth R. Duboff, P.A.					
Kenneth R. Duboff, P.A. 10920 Biscayne Blud. Miami, FL 33161 US		Street Address (P.O. Box Number is Not Acceptable)			
mian: F1 33161 US		Suite, Apt. #, Etc.			
1 111 Am 1 1 L 33121		City		State	Zip Code
10. d. being appointed the registered agent of the above named corpor	ration, am familiar wit	h and accept the obli	igations of Section	on 607.0505, F.S.	
Signature of Registered Agent / Lenneth Dubet REGISTERED AGE	ENT MUST SIGN			Date 3-8-	98
11. This corporation owes or has paid the Intangible Personal Property tax due		Yes 🔲	No 🗹		le for information gible 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: SIGNATURE SIGNATURE OF SIGNATURE	MINO OPFICER OR D	SO IRECTOR	3-	8-98 954 Date De	2-234-6666 Sytime Phone #