2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000037766

1. Entity Name
KINGDOM WORLDWIDE WEB OPERATIONS,INC.

FILED
09 JAN -6 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 68

Principal Place of Business	Mailing Address
1549 STATE STREET SARASOTA, FL 34236 US	244 ~~SHOPPING AVENUE~~ #367 SARASOTA, FL ~~34237~~ US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	15 Paradise Plaza ~~[illegible]~~
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 353
City & State	City & State Sarasota Florida
Zip / Country	Zip 34239 / Country USA

4. FEI Number 59-3443773 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NIELSEN, KIM 232 CEDAR PARK CIRCLE SARASOTA, FL 34242	Name Nielsen, Kim Street Address (P.O. Box Number is Not Acceptable) 2 Sandy Hook Rd City Sarasota FL Zip Code 34242

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] ← sign
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES NIELSEN, KIM 232 CEDAR PARK CIRCLE SARASOTA, FL 34242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Nielsen, Kim 2 Sandy Hook Rd. Sarasota, FL 34242 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900139770889 01/06/09--01090--010 **150.00 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$1/14	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ← sign
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #