

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Sandra B. ...  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000054791

1. Corporation Name

WORLD CLASS MALE, INC.

Principal Place of Business

Mailing Address

3936 S. SEMORAN BLVD.  
SUITE 255  
ORLANDO FL 32822

3936 S. SEMORAN BLVD.  
SUITE 255  
ORLANDO FL 32822

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/20/1997

5. FEI Number

59-3452968

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	LANDRY, GARY	3936 S. SEMORAN BLVD., SUITE 255	ORLANDO FL 32822

400002832544--3  
-04/07/99--01092--005  
\*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LANDRY, GARY  
3936 S. SEMORAN BLVD.  
SUITE 255  
ORLANDO FL 32822

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

(See other side for information on intangible tax.)

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2

Tuesday, March 30, 1999

Kathy  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Dear Kathy:

In reference to our telephone conversation on March 30, 1999.

This is a letter of explanation for not receiving the annual reports for the two enclosed corporations.

Unfortunately, being my first corporations I naively accepted the free assistance of a supposedly knowledgeable friend to take care of these matters. *"I'll take care of all your corporate filings and renewals, you concentrate on the business."*

Needless to say this was a new comers mistake. I have sense personally taken over the book keeping aspect of both Companies and feel ashamed and humiliated of the current status of my State obligations. I sincerely apologize and would greatly appreciate relief of the reinstatement fees in order to regain the proper administrative handling of these two new corporations.

I have enclosed for your convenience a \$300.00 check for each of the Companies and truly thank you for this consideration.

Thank you again

Sincerely,



Gary Landry