

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000058975**

1. Corporation Name

Slipguard Worldwide Inc.

2. Principal Office Address **DUNDEE**

8286 DUNDEE

Suite, Apt. #, etc.

8286

City & State

MIAMI LAKES FLA

Zip

33016

Country

DADE

3. Mailing Office Address

1750 W 39TH PL.

Suite, Apt. #, etc.

1000

City & State

HIWALEAH, FLA

Zip

33012

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

7/1/97

5. FEI Number

65-0790489

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

John Santoro

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

1750 W 39TH PL. 1003

Suite, Apt. #, Etc.

HIWALEAH, FLA

City

HIWALEAH FLA

State
FL

Zip Code
33012

300009014103

11/15/02 01011 025 *758.75**

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

John Santoro

REGISTERED AGENT MUST SIGN

Date **10/25/02**

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
Pres	Concetta Edwards	8286 Dundee Ter	MIAMI LAKE 33016
Pres	John Santoro	1750 W 39TH PL. 1003	HIWALEAH, FLA
Pres	KATIA GARCIA	5248 W. 24th St	HIWALEAH 33012

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:

Concetta Edwards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/02

Daytime Phone #

CR2E081 (9/01)

97000058975

8/11/20