PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | 03 OCT 21 PM 2: 05 SLONE DARY OF STATE TALLAHASSEE, FLORIDA | | | |
|---|--|---|-----------------------------|---|---|----------------------------|--------------------|-----------------|
| DOCUMENT # P97000062764 1. Corporation Name Worldforyou.com Incorporated | | | | | | | | |
| 2. Principal Office Address | | | 3. Mailing Office Address | | E CIPAGO | STASTELLA PAIST | | egia. |
| 1000 Universal Studios Plaza Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | TATEMENT | <u>U</u> 3 | |
| Bldg 22-A Suite 261 | | | Suite, Apt. Pr. 60. | | 4 Date Inicoi | rporated or Qualified 1997 | | |
| City & State | | | City & State | | <u> </u> | | I Ia-ab-at- | |
| Orlando, FL | | | | | 5. FEI Numb 59-34 | 157161 | Applied Fo | _ |
| z _{ip} 32819 | Countr | • | Zip | Country | 6. CERTIFICAT | E OF STATUS DESIRED S8.75 | Additional Fee req | uired l |
| 7. Name and Address of Current Registered Agent | | | | | | | | |
| | Name Paulo H. Cigagna | | | | | | | • |
| | Street Address (P.O. Box Number is Not Acceptable) 8035 Bright Court | | | | | 700023992217 | | |
| | Suite, Apt. #, Etc. | | | | 10/2) | 1/0301158004 | **150.00 | |
| | City Orlando | | | | | State Zip Code FL 32836 | | |
| 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 | | | | | | | | CR2E081 (10/02) |
| 9. Names | and Street Addresses | of Each Officer and | or Director (Florida nonpro | ofit corporations must list a | t least 3 directors) | | | |
| Titles | Office | Name of ers and/or Directors | | Street Address of Each Officer and/or Director | | City / State / Zip | | |
| Р | Paulo H Cigagna | | 8035 E | 8035 Bright Ct | | Orlando, FL 32836 | | |
| VP | Marcos P. Cigagna | | 8035 E | 8035 Bright Ct | | Orlando, FL 32836 | | |
| | | | | B. 19/2n | | | | _ |
| | | | | | | | | |
| 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: Page X. C.G.G.W., Page 10.17/03 G07 468 1388 | | | | | | | | |

Orlando, October 17, 2003

TO Florida Department of State Division of Corporations P.O.Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Please find enclosed our reinstatement for year 2003. As per our conversation with Ms. Casey on October 17, 2003, we had explained that we had attempted to file the UBR online on the month of April 2003 and had used our credit card to be charged.

The charges never appeared on the credit card, which prompted our inquiry into your department and we found out that our UBR was never received.

As instructed by Ms. Casey, we are attaching this letter, explaining the situation, and according to Ms. Casey, the penalty would be waived. We are also including a check for 150.00 for our 2003 UBR.

Thank you so much for all the great work.

We remain

Sincerely,

Paulo H. Cigagna

Presidentⁱ

Worldforyou.com, Inc.