PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

02 NOV BR

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FILED
02 NOV -7 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000068176

1. Corporation Name

WORLD PARTNERS, INC.

Principal Place of Business	Mailing Address
1536 GRASSY RIDGE LANE APOPKA FL 32712	1536 GRASSY RIDGE LANE APOPKA FL 32712

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: **08/06/1997**

5. FEI Number: **59-3467997** ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ELLIOTT, BRUCE E	1536 GRASSY RIDGE LANE	APOPKA FL 32712

400008868754
11/07/02--01057--012 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ELLOIT, BRUCE E 1536 GRASSY RIDGE LANE APOPKA FL 32712	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 11-4-02
REGISTERED AGENT MUST SIGN

11. 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 REQUIRED — 11-4-02 — 407-497-1684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2nd

WORLD PARTNER'S INC.

November 4, 2002

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

To Whom It may Concern:

This letter is sent in compliance with the reinstatement of corporations. Neither this office nor the registered agent received any previous notices of dissolution. The application for reinstatement has been signed and a check for the $150.00 annual fee has been included. Please do not hesitate to contact me if you have questions or require any further information or documentation.

Professional Regards,

Bruce E. Elliott

Bruce E. Elliott
President

1536 Grassy Ridge Lane
Apopka, Florida 32712
PHONE
(407) 497-1684
FAX
(407) 464-3979