PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -6 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000068176

**1.** Corporation Name
World Partner's Inc

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 1536 Grassy Ridge LN | 1536 Grassy Ridge LN |
| Suite, Apt. #, etc. N/A | Suite, Apt. #, etc. N/A |
| City & State Apopka, FL | City & State Apopka, FL |
| Zip 32712 Country USA | Zip 32712 Country USA |

**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.** Name and Address of Current Registered Agent

Name: Bruce E. Elliott

Street Address (P.O. Box Number is Not Acceptable): 1536 Grassy Ridge LN

Suite, Apt. #, Etc.:

700023553927
10/06/03--01005--008 **150.00

City: Apopka | State: FL | Zip Code: 32712

**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: Bruce E Elliott — Date: 9/29/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

**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 |
|---|---|---|---|
| P | Bruce E. Elliott | 1536 Grassy Ridge LN | Apopka, FL 32712 |
| | | | |
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| | | | |
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**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:** Bruce E Elliott — 9/29/03 — 407-682-2051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[redacted]

)RLD
TNER'S
NC.

Septmeber 29, 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
President

sy Ridge Lane
Florida 32712
PHONE
497-1684
FAX
464-3979