

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 NOV 18 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000069455**

1. Corporation Name

**WORLD INTERNATIONAL WEB, INC.**

Principal Place of Business

1573 NW 93RD AVE.  
MIAMI FL 33172

Mailing Address

1573 NW 93RD AVE.  
MIAMI FL 33172

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.

P.O. BOX 521142

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33152

**REINSTATEMENT**

08/11/1997

96

5. FEI Number

65-0795237

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	CEDENO, OSCAR	1573 NW 93RD AVE.	MIAMI FL 33172
D	CEDENO, MARTHA	1573 NW 93RD AVE.	MIAMI FL 33172

500002696795--S  
-11/25/98--01069--032  
\*\*\*\*750.00 \*\*\*\*750.00

10/11/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

OSCAR CEDENO

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

1573 N.W. 93rd. Ave.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33172

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/29/98

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

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

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 REQUIRED**  
OSCAR CEDENO DIRECTOR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/98

Date

(305) 592-7640

Daytime Phone #