

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 17 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10092007 REIN-P CR2E098 (1/07)

<b>DOCUMENT # P97000075834</b> 1. Entity Name <b>WORLDENT SALES ASSOCIATES, INC.</b>					
Principal Place of Business <b>9600 W SAMPLE RD SUITE 403 CORAL SPRINGS, FL 33065</b>			Mailing Address <b>9600 W SAMPLE RD SUITE 403 CORAL SPRINGS, FL 33065</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Site, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>11-3012743</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BUSCH, BRUCE</b> <input type="checkbox"/> Delete <b>9600 W SAMPLE RD SUITE 403 CORAL SPRINGS, FL 33065</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> <b>800110871708</b>  <b>10/17/07--01008--004 **150.00</b> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FEDORIW, WALTER</b> <input type="checkbox"/> Delete <b>9600 W SAMPLE RD SUITE 403 CORAL SPRINGS, FL 33065</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <span>10-4-07</span> <span>954/340-4991</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Daytime Phone #</span> </div>		

10/22