PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000093763

1. Corporation Name

WORLD INTERACTIVE NETWORK, INC.

Principal Place of Business

Mailing Address

6600 S.W. 57TH AVENUE SOUTH MIAM! FL 33143

6600 S.W. 57TH AVENUE SOUTH MIAMI FL 33143

If above addresses are incorrect in any way, line through incorrect information and enter correction below

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



BEINSTATEMENT

New Principal Office Address, If Applicable			New Mailing Office Address, if Applicable			4. Date Incorporated or Qualified To Do Business in Florida 10/31/1997			
Suite, Apt. #, etc. City & State Zip Country			Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number Applied For		
			City & State					Not Applicable	
			Zip		Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee require for a Certificate of Status		8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Ac	Idresses of Each Officer a	nd/or Director (Flo	rida nonprof	it corporations must list at	least 3 directors)			
Title(s)	Name of Officers and/or Directors			3	Street Address of Ea Officer and/or Direct		City /	State / Zip	
PD	ABRAHAM, THOMAS G.			600 SW 57TH AVE			MIAMI FL 33143		
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						6	0000345 -11/30/00 ****750.1	302961 01006010 00-****750.00	
				REINSTATEMENT ()					
								78	
Name and Address of Current Registered Agent					Nome	9. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324						Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
· · ·				tion o	City familiar with and paragraph	a philipping of Cast	F	ziate Zip Code	

Signature of Registered Agent

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: