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	PLEASE READ	O ALL INSTRUCTIONS BEFOR		
	DRATION ATEMENT	FLORIDA DEPARTMENT OF STAT Katherine Harris Secretary of State DIVISION OF CORPORATIONS	TE SECRETARY OF STATE SECRETARY OF STATE)MS
Corporation N	ENT#P970 Name LLD SNEAKE	_		
2. Principal Office 802 No	onth University)	3. Mailing Office Address 1802 Worth University Suite, Apt. #, etc.	22 99-00 U	1BR
Soile IL	8 /	Svik 128	4. Date Incorporated or Qualified To Do Business in Florida	
PLAN T	ATION, FC	City & State	5. FEI Number 65-0796773	Applied For Not Applicable
333Z	2 Country VSA	33322 Country	6. CERTIFICATE OF STATUS DESIRED	C0 75 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	the second secon	7. Name and Address of Current Reg	gistered Agent	
Name AH BOJB BEN em; no/ Street Address (P.O. Box Number is Not Acceptable) -07/19/0001036015 ****300.00 *****301.00 Suite, Apt. #, Etc. 82; VE 127 etty CAN TATION State Zip Code FL 33322				
3. I, being appoir Signature of Registered Agent		nbow the decorporation, am familiar with and accept to REGISTERED AGENT MUST SIGN	the obligations of section 607.0505 or 617.0505	3, F.S. 18. 2000
Names and S		and/or Director (Florida nonprofit corporations must list		
Titles	Name of Officers and/or Director	Street Address of Officer and/or Dir	lirector	y / State / Zip
Pa M	ANDUS BEI	Nenino 1802 NUNIVER	asity DA FLANTAT.	ion M 37317

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 reinstalement 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 in Aiduals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated enture shall have the same legal effect as if made under oath. on this application is true and accura-

SIGNATURE:

PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DIRECTOR DATE

KE



June 19, 2000

In reply to: FORMS RECEIVED

CERTIFIED MAIL

FLORIDA DEPARTMENTS OF STATE DIVISION OF CORPORATION

Attention: MRS FISHER

To Whom It May Concern:

SUBJECT: C.R.

FOLLOWING OUR CONVERSATION OVER THE PHONE-REGARDING 99 REPORT WE DID ON TIME SEND THE REPORT AND NEVER RECEIVE ANY RETURN BACK FROM POSTAL SERVICE, OUR CORPOARATION WAS DISOLVE, WE ASK YOU KINDLY TO GRANT US UNDER THIS CIRCUNSTANCE THE RIGHT TO REINSTATE WORLD SNEAKERS INC.

ENCLOSED CHECK OF \$300.00 AND FORMS.

Sincerely/

WORLD SNEAKERS INC.

CEO

MB

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