

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P98000011977

**1. Corporation Name**

DEAL WORLDWIDE SERVICES, INC.

**2. Principal Office Address**

6830 Castlemaine Avenue

Suite, Apt. #, etc.

City & State

Boynton Beach, Florida

Zip  
33437

Country  
USA

**3. Mailing Office Address**

6830 Castlemaine Avenue

Suite, Apt. #, etc.

City & State

Boynton Beach, Florida

Zip  
33437

Country  
USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

February 5, 1998

**5. FEI Number**

65-0827342

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

Barbara A. Sloan

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

980 North Federal Highway

Suite, Apt. #, Etc.

Suite 410

City

Boca Raton

State  
FL

Zip Code  
33432

**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

*Barbara A. Sloan*

REGISTERED AGENT MUST SIGN

Date 9/1/05

**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/D	Alan R. Lobou	6830 Castlemaine Avenue	Boynton Beach, FL 33437
V/D	David L. Lobou	4933 West Lakes Drive	Deerfield Beach, FL 33442
S/T/D	Enid Lobou	6830 Castlemaine Avenue	Boynton Beach, FL 33437

**REINSTATEMENT** 99-05

**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:**

*Alan R. Lobou*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan R. Lobou

Date

Daytime Phone #

01 Sept 05 561-369-3885

CR2E081 (01/05)