

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000025226**

1. Corporation Name

**LET US SHOW THE WORLD, INC.**

Principal Place of Business

6801 S.W. 17TH STREET  
PLANTATION FL 33317

Mailing Address

6801 S.W. 17TH STREET  
PLANTATION FL 33317

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/18/1998

5. FEI Number

65-08 2332 /

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	4 City / State / Zip
D	FISCHEL, MYRA J	6801 S.W. 17TH STREET	PLANTATION FL 33317

300003022753--9  
-10/22/99--01092--019  
\*\*\*\*158.75 \*\*\*\*158.75

8. Name and Address of Current Registered Agent

FISCHEL, MYRA J  
6801 S.W. 17TH STREET  
PLANTATION FL 33317

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Myra J Fischel*  
REGISTERED AGENT MUST SIGN

Date 10/11/99

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 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 stated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Myra J Fischel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/99

Date

Daytime Phone #

954  
327-8840

2

October 11, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl  
32314-6327

Dear Associate,

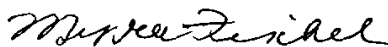
Per our phone conversation today, please accept the attached check for \$158.75 in payment of the 1999 state fees for my corporation, Let us show the world.

I truly regret this late payment, however I did not get the forms you mentioned on the phone. This is my first filing of a registration fee, and this is a new corporation for me, so I did not have the experience to know that the form was missing and due in May.

Let me assure you that this will not occur again, because as you instructed, I now know what to look for and what is the timing of the form.

Please accept the additional \$8.75 for the reinstatement documentation to be sent from the State to my office of record. Many thanks for your consideration.

Sincerely,



Myra Fischel  
Officer and registered agent.  
Let us show the world  
6801 SW 17<sup>th</sup> St.  
Plantation, Fl  
33317