

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p><b>APPLICATION FOR REINSTATEMENT</b></p> <p style="text-align: center;"><b>FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS</b></p>		<p style="text-align: center; font-size: 2em; font-weight: bold;">FILED</p> <p style="text-align: center;">99 JUL 29 PM 1:09</p> <p style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																									
<p><b>DOCUMENT #</b> P98000034216</p>																											
<p>1. Corporation Name</p> <p style="padding-left: 40px;">NEW WORLD INVESTORS NETWORK, INC.</p>																											
<p>Mailing Address</p> <p><del>8712 NW 108 Lane</del> <del>Hialeah Gardens FL 33018</del></p>		<p>Principal Place of Business</p> <p><del>8712 NW 108 Lane</del> <del>Hialeah Gardens FL 33018</del></p>																									
<p><small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small></p>																											
<p>2. New Mailing Address, if Applicable</p> <p>15543 S.W. 137 Place</p> <p>Suite, Apt. #, etc.</p>		<p>3. New Principal Office Address, if Applicable</p> <p>15543 S.W. 137 Place</p> <p>Suite, Apt. #, etc.</p>																									
<p>City &amp; State</p> <p>Miami Florida</p>		<p>City &amp; State</p> <p>Miami Florida</p>																									
<p>Zip</p> <p>33177</p>	<p>Country</p> <p>U.S.A.</p>	<p>Zip</p> <p>33177</p>	<p>Country</p> <p>U.S.A.</p>																								
		<p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p style="text-align: right;">04/15/1998</p>																									
		<p>5. FEI Number</p> <p>65-0827785</p>	<p>Applied For</p> <p>Not Applicable</p>																								
		<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																									
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Title(s)</th> <th style="width:30%;">Name of Officers and/or Directors</th> <th style="width:30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td><del>P</del></td> <td><del>ANTONIO MUSOLINO</del></td> <td></td> <td></td> </tr> <tr> <td>DTS</td> <td>MARTHA R. LACA</td> <td>15543 S.W. 137 Place</td> <td>Miami, Florida 33177</td> </tr> <tr> <td>P</td> <td>MARTHA R. LACA</td> <td>15543 S.W. 137 Place</td> <td>Miami, Florida 33177</td> </tr> <tr> <td></td> <td></td> <td></td> <td>100002948541--3 -08/03/99--01020--015 ****550.00 ****550.00</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center; font-size: 1.5em; font-weight: bold;">LS</td> </tr> </tbody> </table>				Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	<del>P</del>	<del>ANTONIO MUSOLINO</del>			DTS	MARTHA R. LACA	15543 S.W. 137 Place	Miami, Florida 33177	P	MARTHA R. LACA	15543 S.W. 137 Place	Miami, Florida 33177				100002948541--3 -08/03/99--01020--015 ****550.00 ****550.00				LS
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<p>8. Name and Address of Current Registered Agent</p> <p>AMERICAN 343 Almeria Avenue Coral Gables Florida 33134</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name: MARTHA R. LACA</p> <p>Street Address (P.O. Box Number is Not Acceptable): 15543 S.W. 137 Place</p> <p>Suite, Apt. #, Etc.</p> <p>City: Miami State: FL Zip Code: 33177</p>																									
<p>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.</p> <p>Signature of Registered Agent: <i>[Signature]</i> Date: July 27, 1999.</p> <p style="text-align: center;"><small>REGISTERED AGENT MUST SIGN</small></p>																											
<p>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p>																											
<p>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																											
<p>13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																											
<p><b>SIGNATURE:</b> <i>[Signature]</i></p>		<p>MARTHA R. LACA July 27, 1999 (305) 362-9139</p>																									
<p><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></p>		<p><small>Date Daytime Phone #</small></p>																									