PLEASE READ /	ALL INSTRUCTIONS BEFORE	
CORPORATION	FLORIDA DEPARTMENT OF STATE	FILED 02 DEC 13 AM 10: 33
REINSTNEAFERENCE	Secretary of State DIVISION OF CORPORATIONS	TALLAHASSEE, FLORIDA
OCUMENT # P 98 0000 Corporation Name	43092	
World Market Ly Jnc.		800009509178 12/13/0201085003 **158.75
Principal Office Address	3. Mailing Office Address	
4099 NW 31St Ave	1133 & University Wit	<u>.</u>
rite, Apt. #, etc.	Suite, Apt. #, etc.	
	Suite 202	4. Date Incorporated or Qualified To Do Business in Florida 5)\3\1998
ty & State	City & State	5. FEI Number Applied For
Laudo-dale Lakes	Zip Country	65-083497 Not Applicable
FL Broward	333 ZH Broward	CERTIFICATE OF STATUS DESIRED . STATUS DESIRED . CERTIFICATE OF STATUS DESIRED . CERTIFICATE OF STATUS.
7. Name and Address of Current Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
Hogg NW 31st Avenue		
Suite, Apt. #, Etc.		
city hauderdal	State Zip Code FL 3330	
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.		
ignature of		
egistered Agent Date 12 A) 2007 REGISTERED AGENT MUST SIGN		
 Names and Street Addresses of Each Officer an 	nd/or Director (Florida nonprofit corporations must list	t at least 3 directors)
Titles Name of Officers and/or Directors	Street Address of I	Each City / State / Zip
IPTS Sameer Handan Hoag NW31st Street		Charles of the F
1PTS Sameer Hando	VN HOULD OF 1	Sites Lavaorano have
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		1
O. I certify that I am an officer or director or the reco	eiver or trustee empowered to execute this application	on as provided for in chapter 607 or 617, F.S. I further certify that when filing tisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees
owed by the corporation have been paid and the	e names of individuals listed on this form do not qualif signature shall have the same legal effect as if made	fy 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 it made	didei oaus.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

12 9 2002 (954) 47 2-3455
Daytime Phone #

WORLD MARKETING, INC.

4099 NW 31ST AVENUE LAUDERDALE LAKES, FL 33319 (954) 472 3455 (Fax) 472 3263

November 29, 2002

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attention:

Reinstatement Section

Ref:

Reinstatement and Waiver of Fee

Dear Sir or Madam:

We did not receive a Annual Report from your office for the following Corporation for the Year 2002. I did go on the internet and found that the corporation was dissolved. I called the Division of Corporations and requested a Reinstatement Application. On this basis we are requesting that World Maketing Inc. receive a Waiver of Fees and we are enclosing a check for \$158.75.

Should there be any questions, please call our Corporate Office at the above telephone number,

Sincerely,

Sameer Hamden

Cll

FileWorld Marketing, Inc.Reinstatement.Annual Report