

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000063574

1. Corporation Name

WorldWide Trade A.D., Inc.

W07-10319

2. Principal Office Address - No P.O. Box #

10175 Collins Ave

3. Mailing Office Address

10175 Collins Ave

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

105

City & State

Bal Harbour FL

City & State

Bal Harbour FL

Zip

33154

Country

USA

Zip

33154

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/1998

5. FEI Number

650852953

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Victoria Malinovskaya

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

10175 Collins Ave

Suite, Apt. #, Etc.

105

City

Bal Harbour

State

FL

Zip Code

33154

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

Date

02-19-2007

REGISTERED AGENT MUST SIGN

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
D	Victoria Malinovskaya	10175 Collins Ave. #105	Bal Harbour FL 33154
M	Tatyana Malinovskaya	10175 Collins Ave. #105	Bal Harbour FL 33154

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 contained in Chapter 119, 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:

[Signature] - (Victoria Malinovskaya) 2-19-2007 (305) 335-7743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date cell. Daytime Phone #

FILED

07 MAR -7 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200092061432
03/12/07--01002--025 **1200.00

REINSTATEMENT 00-07

CR2E081 (1/07)

ph. (305) 865-0745