

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98 0080 75272

1. Corporation Name

WORLDWIDETALK, Inc.

Principal Place of Business

Mailing Address

5560 N US Highway 1
Melbourne, FL 32940

SAME

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

August 23, 1998

5. FEI Number

59-3528846

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. (Name)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P, V, T	Donald E. Lees	5560 N US Highway 1 SAME AS ABOVE	Melbourne, FL 32940
S	JOHN M. CACCIATORE	5560 N US Highway 1	Melbourne FL 32940
D	MICHAEL K. Clifford	5560 N US Highway 1	Melbourne, FL 32940

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01/12/00 01009 008

****750.00 ****750.00

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8. Name and Address of Current Registered Agent

JOHN M. CACCIATORE
5560 N. US Highway 1
Melbourne FL 32940

9. Name and Address of New Registered Agent

Name

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

State, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0603, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-5-00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director of 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)(f), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

[Signature]
John M. Cacciatore
Secretary