

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 JAN 29 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P98000093923**

1. Corporation Name
WORLD ACCESS DIST. CORP
8203 SW 160 ST
MIAMI FL 33157

2. Principal Office Address

SAME

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

65-0873540

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PETER CAGLE

800004880143--6

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

6701 SUNSET DR.

02/05/02--01037--024

*****300.00 ***300.00**

Suite, Apt. #, Etc.

#103

City

SMIAMI FL

State

FL

Zip Code

33143

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

Peter Cagle

REGISTERED AGENT MUST SIGN

Date **1/24/2002**

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
Pres	RON DEVERS	8203 SW 160 ST	MIAMI FL 33157
Sect	NAOMI STOROB	8203 SW 160 ST	MIAMI FL 33157

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 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 if made under oath.

SIGNATURE:

Naomi Storob

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2002 305 392-9885

Date

Daytime Phone #

CR2001 (9/01)

1-24-2002

Kuchene Harris, Secy State Dept.
Cait Barbero:

Our Corp. World Access List Corp
moved & we did not receive our
form to renew. (Annual Report)
We are asking that you waive the
late fees.

Enc. find ck for last yr this
yr.

I thank you
Florence J. Tard

Per Barbero in Reinstatement Dept.