PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	**FLORIDA DEPARTMENT OF STATE** Secretary of State DIVISION OF CORPORATIONS	FILED 04 FEB 12 PM 12: 58 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P99000003973

1. Corporation Name

Worldwide Mobility Center Inc
1925 1st Street
Bradenton Fl. 34208

900028633989
02/12/04--01008--004 **900.00

2. Principal Office Address

1925 1st Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 1-11-99

City & State

Bradenton Fl.

City & State

5. FEI Number 65-0888528 | Applied For / Not Applicable

Zip 34208 | Country

Zip | Country

6. CERTIFICATE OF STATUS DESIRED ☐ | $8.75 Additional Fee required for a Certificate of Status

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7. Name and Address of Current Registered Agent

Name Angel Leonard

Street Address (P.O. Box Number is Not Acceptable) 13352 Purple Finch Circle

Suite, Apt. #, Etc.

City Bradenton | State **FL** | Zip Code 34202

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 _Angel M. _____ Date 2-6-04

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
P	Angel Leonard	13352 Purple Finch Cir.	Bradenton, Fl. 34202
		CERTIFICATE OF STATEMENT	03-04
		FILING/RETRIEVAL	TS

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: _____ Angel M. Leonard 2/6/04 941-915-7934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E081 (01/04)