

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -5 PM 12:03

DOCUMENT #

999000041318

1. Corporation Name

World Capital. Com, Inc.

2. Principal Office Address

1299 E. COMMERCIAL BLVD

Suite, Apt. #, etc.

2ND FLOOR

City & State

FT. LAUDERDALE, FL

Zip

33334

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/6/1999

5. FEI Number

650916873

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01

7. Name and Address of Current Registered Agent

Name

Eric A. Warafing

300004638668--5

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

1299 E. Commercial Blvd

-10/17/01--01002--016

****750.00 ****750.00

Suite, Apt. #, Etc.

2nd Floor

City

Fort Lauderdale,

State

FL

Zip Code

33334

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

Eric A. Warafing

REGISTERED AGENT MUST SIGN

Date 10-4-01

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	REUVEN BENAMI	1299 E. COMMERCIAL BLVD. FT. LAUDERDALE, FL	FT. LAUDERDALE, FL 33334
SEC			
DIRECTOR	PAULA GAMBRILL	1299 E. COMMERCIAL BLVD.	FT. LAUDERDALE, FL 33334

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paula Gambrill

10/4/2001 954-453-6000

Date

Daytime Phone #

X239

CR2001 (9/00)