

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

P8192

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P99000069936**

1. Corporation Name

WORLD CLASS IMAGES, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 DEC 15 PM 1:18

Principal Place of Business Mailing Address

7765 SW 87 AVE STE 103 /102 MIAMI FL 33173
 7765 SW 87 AVE STE 103 /102 MIAMI FL 33173



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/06/1999	
City & State		City & State		5. FEI Number	
Zip		Country		65-0940313	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	VEGA-SORRENTINI, DANIELLE	7765 SW 87 AVE STE 103 /102	MIAMI FL 33173
			300003522123--0
			-01/03/01--01054--004
			***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHERIDAN, DREW S
 7765 SW 87 AVE STE 103 /102
 MIAMI FL 33173

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, 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 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 10/30/00

11. 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/00

Date

(305) 662-1323
 Daytime Phone #

CR2E040 (8/00)

DREW S. SHERIDAN, ESQ.

*Attorney at Law
7765 S.W. 87th Avenue, Suite 102
Miami, Florida 33173
Tel. (305) 596-3368 Fax. 596-3355*

pg 292

Corporate Records Bureau
Division of Corporations
Annual Reports - Reinstatements
Department of State
P.O. Box 6327
Tallahassee, FLA 32314

Re: WORLD CLASS IMAGES, INC.

October 31, 2000

Dear Sir or Madam:

Please find enclosed the reinstatement form for World Class Images, Inc. and my check for \$150.00.

I have previously contacted your office and been advised that because the Division of Corporations sent the renewal to the wrong address (suite 103 instead of 102) and it was never received, the reinstatement fee would be waived. If you will check the articles of incorporation, you will see that Suite 102 was clearly designated as the registered office of the corporation and the mistake is on the part of the division of corporations.

~~We most gratefully appreciate your consideration in~~
reinstating this corporation.

Thank you for your kind attention to this matter.

Sincerely,



DREW S. SHERIDAN, ESQ.
DS:ls
encl
cc: Danielle-Sorrentini