

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # 514542  
1. Corporation Name  
**EMPIRE WORLDWIDE CORP.**

**FILED**

98 DEC 11 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**2900 N.W. 77 CT.  
Miami, Fla. 33122**

**REINSTATEMENT 97-98**

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. <b>N/A</b>		Suite, Apt. #, etc. <b>N/A</b>		<b>Nov. 27, 1990</b>	
City & State <b>Same</b>		City & State <b>Same</b>		5. FEI Number <b>65-0257701</b>	
Zip <b>Country</b>		Zip <b>Country</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)			
1 Title(s)	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
DPT	Salvador Hasbun	11191 N.W. 70 ST.	MIAMI, FLA. 33178
S	Salvador Hasbun	11191 N.W. 70 ST.	MIAMI, FLA. 33178

000002716888-1  
-12/18/98-01066-009  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>SALVADOR HASBUN 2900 N.W. 77 CT. MIAMI, FLA. 33122</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable) <b>N/A</b>	
		Suite, Apt. #, Etc. <b>Same</b>	
		City	State <b>FL</b> Zip Code

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] Date 12/10/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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 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] **SALVADOR HASBUN** 12/10/98 (305) 592-0029  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (1/98)