

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 NOV -6 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S 49467

1. Corporation Name

WORLD TRADE LEASING, INC.

2. Principal Office Address

20931 Via Jasmine

Suite, Apt. #, etc.

6

City & State

Boca Raton, Florida

Zip

33428

Country

U.S.A.

3. Mailing Office Address

20931 Via Jasmine

Suite, Apt. #, etc.

6

City & State

Boca Raton, Florida

Zip

33428

Country

U.S.A.

REINSTATEMENT 2006-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/29/1991

5. FEI Number

593069857

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

BARBOZA, NEIRE L.

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

20931 Via Jasmine

Suite, Apt. #, Etc.

6

City

Boca Raton, Florida

State

FL

Zip Code

b 33428

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12/03/01-01003-017

***908.75 ***908.75

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

Neire L. Barboza

Date

11/3/01

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	Barretto, Edgard P.	20931 Via Jasmine # 6	Boca Raton, Florida 33428

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:

Edgard P. Barretto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/03/01
Date

561-8835743
Daytime Phone #

CR20081 (9/00)