

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN -2 AM 7:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 570357

1. Corporation Name

World Telecommunications and Telebanking

**REINSTATEMENT** 01-03

2. Principal Office Address

12080 SW 16th Ave

Suite, Apt. #, etc.

0

City & State

Orlando FL

Zip

32601

Country

US

3. Mailing Office Address

4935 Touchton Rd E

Suite, Apt. #, etc.

Apt 803

City & State

Jacksonville FL

Zip

32246

Country

US

000020306820

06/02/03--01052--003 \*\*1050.00

4. Date Incorporated or Qualified  
To Do Business in Florida

Yes

5. FEI Number

593092595

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

James Clark

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

4435 Touchton Rd E

Suite, Apt. #, Etc.

Apt 803

City

Jacksonville

State

FL

Zip Code

32246

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

REGISTERED AGENT MUST SIGN

Date 05-28-03

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
<u>D</u>	<u>James R. Clark</u>	<u>9547 Blanford Rd Lake Wales</u>	<u>Lake Wales, FL 33827</u>
<u>D</u>	<u>Jeffrey R. Clark</u>	<u>3324 Willow Canyon St</u>	<u>TO, CA 91362</u>

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

Jeffrey R. Clark

Date

05-28-03

Daytime Phone #

904-646-5990

CR25081 (10/02)