

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN -2 AM 7:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-03

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

<b>CORPORATION REINSTATEMENT</b>  <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>570357</u>	
1. Corporation Name <u>World Telecommunications and Telemarketing</u>	
2. Principal Office Address <u>12080 SW 16th Ave</u>	3. Mailing Office Address <u>4435 Touchton Rd E</u>
Suite, Apt. #, etc. <u>0</u>	Suite, Apt. #, etc. <u>Apt 803</u>
City & State <u>Ocala FL</u>	City & State <u>Jacksonville FL</u>
Zip <u>32601</u>	Country <u>US</u>
Zip <u>32246</u>	Country <u>US</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>Yes</u>	Applied For Not Applicable
5. FEI Number <u>593092595</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>James Clark</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>4435 Touchton Rd E</u>	
Suite, Apt. #, Etc. <u>Apt 803</u>	
City <u>Jacksonville</u>	State <u>FL</u>
Zip Code <u>32246</u>	

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 [Signature] Date 05-28-03

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
D	James R. Clark	<del>James R. Clark I</del> 9547 Blanford Rd Lake Wales	Lake Wales, FL 32827
D	Jeffrey R. Clark	3324 Willow Canyon St <del>3324 Willow Canyon St</del>	TO, CA 91362

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] Jeffrey R. Clark Date 05-28-03 Daytime Phone # 904-646-5990

CR2E081 (10/02)