

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



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

AND  
FILED

1998 JAN 29 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V5 3929**

1. Corporation Name

**World Affairs Television Productions (USA) Inc.**

Principal Place of Business

Mailing Address

**100 N. Collier Blvd.  
Suite 1105  
Marci Island, FL 34145**

**c/o C.T. Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**600 de Maisonneuve West**

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**7/29/1992**

Suite, Apt. #, etc.  
**Suite 3230**

Suite, Apt. #, etc.

5. FEI Number

**65-0553779**

Applied For

Not Applicable

City & State  
**Montreal, Quebec**

City & State

Zip  
**H3A 3J2**

Country  
**Canada**

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

**\$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
Pres/ Dir.	Larry J. Shapiro	4854 Cote des Neiges Suite 2015	Montreal, Canada H3V 1G7

**200002420352--1**  
-02/03/98--01091--019  
\*\*\*1050.00 \*\*\*1050.00

**REINSTATEMENT**

**1-29-98**  
**11/29/98**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324**

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

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 **Connie Bryan**

REGISTERED AGENT MUST SIGN

Date **1-29-98**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-29-98** **514-847-2970**

Date

Daytime Phone #

CR2E040 (1/98)