

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **S47118**

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1. Corporation Name

WTAA INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

1027 S RAINBOW BLVD
 STE 391
 LAS VEGAS NV 89128
 US

1027 S RAINBOW BLVD
 STE 391
 LAS VEGAS NV 89128
 US

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



REINSTATEMENT 00

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.		Suite, Apt. #, etc.		04/19/1991	
City & State		City & State		5. FEI Number	
Zip		Country		65-0260846	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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	4 City / State / Zip
PDST	LARSON, RANDY	391-1027 S RAINBOW BLVD	LAS VEGAS NV 89128
C	MCKAY, WILLIAM R	391-1027 S RAINBOW BLVD	LAS VEGAS NV 89128
D	WEINSTEIN, CHEIM	391-1027 S RAINBOW BLVD	LAS VEGAS NV 89128

Handwritten: 800003491209-8
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 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: *Handwritten Signature* REGISTERED AGENT MUST SIGN

Date: *10/06/00*

11. 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: *Handwritten Signature* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *Oct 26 2000* Daytime Phone #: *(604) 606-2048*

CR2E040 (8/00)