

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.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/19/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0260846

Applied For

Not Applicable

City & State

City & State

Zip

Country

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	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 signature
 800003491209--8
 -12/07/00--01080--020
 ****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

Zip Code

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 of Registered Agent
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

10/26/00

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 of Director
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 26 2000
 Date

(6A) 606-2048
 Daytime Phone #

CR2E040 (8/00)

REINSTATEMENT