

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 215892

1. Corporate Name
WORDEN'S WORLD OF CRAFTS INC.
3359 N. FEO HWY.
POMPANO BEACH FL. 33064

Principal Place of Business Mailing Address
WORDEN'S WORLD OF CRAFTS INC.
3359 N. FEO HWY
POMPANO BEACH FL. 33064

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

2. New Principal Office Address, If Applicable
3359 N. FEO HWY
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
3359 N. FEO. HWY.
Suite, Apt. #, etc.

City & State
POMPANO BEACH, FL.

City & State
POMPANO BEACH FL.

Zip
33064

Country
USA

Zip
33064

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 9-29-1958

5. FEI Number
59-0844339

Applied For
Not Applicable

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
P/S	DONALD WORDEN	2131 NE. 33 rd ST	LIGHTHOUSE POINT, FL. 33064
V/T	ALICE S. WORDEN	2131 NE 33 rd ST	LIGHTHOUSE POINT, FL. 33064

9000002649439-4
-09/25/98--01086--026
***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

DONALD WORDEN
3359 N. FEO. HWY.
POMPANO BEACH, FL. 33064

9. Name and Address of New Registered Agent

Name DONALD WORDEN
Street Address (P.O. Box Number is Not Acceptable)
3359 N. FEO HWY.
Suite, Apt. #, Etc.

City
POMPANO BEACH

State
FL

Zip Code
33064

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

Donald Worden
REGISTERED AGENT MUST SIGN

Date 9-10-98

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:

Donald Worden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

9-10-98
Date

954-941-0326
Daytime Phone #

CR2E040 (1-98)