

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 15 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000002295

1. Corporation Name

World Humanitarian Foundation, Inc.

14950 Vista View Way

2. Principal Office Address

14950 Vista View Way

3. Mailing Office Address

Suite, Apt. #, etc.

503

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

City & State

Zip

33919

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/22/2003

5. FEI Number

01-0650682

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

**7. Name and Address of Current Registered Agent**

Name

Dr. James Hendershot

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

14950 Vista View Way

Suite, Apt. #, Etc.

503

City

Fort Myers,

State  
FL

Zip Code  
33919

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

*James Hendershot*

REGISTERED AGENT MUST SIGN

Date 10/12/2004

**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
CEOP	Dr. James Hendershot	14950 Vista View Way 503	Fort Myers, Florida 33919
D	Dr. James Hendershot	14950 Vista View Way 503	Fort Myers, Florida 33919
DT	Kenneth Knutsen	27200 Riverview Center Blvd. Suites 30	Bonita Springs, FL 34134
DS	Donna Hutchison	400 Lenell Road	Fort Myers Beach, FL 33931

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

*James Hendershot*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/2004 239 699.1556

Date

Daytime Phone #

CR2E081 (07/04)