

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

15 SEP 22 AM 9:23  
RECEIVED  
CORPORATIONS DIVISION

DOCUMENT # N03000000021

1 Corporation Name

**WORLD CHILDREN RESCUE, INCORPORATED**

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

5861 N.W. 16<sup>th</sup> CT

Suite, Apt. #, etc

Suite, Apt. #, etc

SUNRISE FLA

City & State

City & State

SUNRISE FLA,

Zip

Country

Zip

Country

33313

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5-4-07

5. FEI Number

06-1672469

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

YES

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JONATHAN M. HARDEN

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

5861 N.W. 16<sup>th</sup> CT.

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33313

300275097823

08/18/15--01020--011 \*\*16.25

300275097823

07/15/15--01035--017 \*\*290.00

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

*Jonathan M. Harden*

REGISTERED AGENT MUST SIGN

Date 6 15

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| DP     | JONATHAN HARDEN                      | 5861 N.W. 16 <sup>th</sup> CT.                    | SUNRISE FL 33313   |
|        |                                      |   |                    |
|        |                                      |   |                    |

**REINSTATEMENT**

SEP 22 2015

R. HUNT

10 E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

*Jonathan M. Harden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 15 Date Daytime Phone #