

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N03000006581**

1. Entity Name  
WORLD OF EDUCATION MULTIPURPOSE GIRLS CLUB  
FOUNDATION, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 24 AM 11:33

Principal Place of Business  
4605 SW 32ND DRIVE  
HOLLYWOOD, FL 33020

Mailing Address  
4605 SW 32ND DRIVE  
HOLLYWOOD, FL 33020

2. Principal Place of Business  
**4605 S.W. 32nd Dr.**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.



08022005 REIN-NP CR2E099 (6/04)

City & State  
**Hollywood, Fla.**

City & State  
**Same**

Zip  
**33020**

Country  
**Same**

4. FEI Number  
**562371405**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VALBRUN, ESTHER M**  
**4605 SW 32ND DRIVE**  
**HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Esther Valbrun* **Esther Valbrun** **08-18-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FP VALBRUN, ESTHER M 4605 SW 32ND DRIVE HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VALBRUN, JOSEPH A JR 4605 SW 32ND DRIVE HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**REINSTATEMENT 04-05**

**400059017784**  
**08/26/05--01042--013 \*\*122.50**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Esther Valbrun* **Esther Valbrun** **08-18-05** **(954) 815-4962**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #