

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JAN 22 AM 10:54

**DOCUMENT # N03000006581**

1. Corporation Name

World of Education Multipurpose Girls Club Foundation, Inc.

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

1220 S. South Lake Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33019

Country

City & State

Zip

Country

100166945221  
01/22/10--01029--016 \*\*236.25

REINSTATEMENT 08-10

4. Date Incorporated or Qualified  
To Do Business in Florida

08/01/2003

5. FEI Number  
56-2371405

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dr. Maryse Louis

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

1220 S. South Lake Drive

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33019

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Maryse Louis*  
REGISTERED AGENT MUST SIGN

Date 01/15/2010

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
PD	Louis, Maryse	1220 S. South Lake Dr.	Hollywood, Fla. 33019
V	Valbrun, Esther M	382 Ocean Dr. # 803	Revere, Mass. 02151
T	Valbrun, Daniel S.	1220 S. South Lake Dr.	Hollywood, Fla. 33019
S	Valbrun, Rachel K	1220 S. South lake Dr.	Hollywood, Fla. 33019

10. E-mail Address: Evalbrun81@yahoo.com

(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., 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.

SIGNATURE:

*Maryse Louis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Maryse Louis

01/15/2010 954-815-4962

Date

Daytime Phone #