

PLEASE READ ALL INSTRUCTIONS BEFORE CO

APPLICATION
FOR
REINSTATEMENT



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

FILED
Apr 08 1997 8:00 am
Secretary of State

DOCUMENT # N26022

1. Corporation Name
WORLD ORPHANAGE & REFUGEE RELIEF FOUNDATION, IN
C.

Principal Place of Business
2500 DEL MAR PLACE
FT. LAUDERDALE FL 33301

Mailing Address
2500 DEL MAR PLACE
FT. LAUDERDALE FL 33301

REINSTATEMENT

AD
95-97

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/21/1988	
City & State		City & State		5. FEI Number 65-0046018	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED				<input checked="" type="checkbox"/> \$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
PD	HASSAN, DR. REDHA K.	2500 DEL MAR PLACE	FT. LAUDERDALE FL 33301
SD	HASSAN, SHATHA	2500 DEL MAR PLACE	FT. LAUDERDALE FL 33301
TD	HASAN, ALI	2018 N.E. 17TH ST APT 14	FT. LAUDERDALE FL 33305
V/D	HASSAN, Shehnaze	2500 Del Mar Place	FT. Lauderdale, FL 33301
			100002137061-3
			04/08/97-01140-010
			***367.50 ***367.50

8. Name and Address of Current Registered Agent

~~EMO CORPORATE SERVICES, INC.~~
~~100 N.E. THIRD AVE.~~
~~SUITE 1100~~
~~FT. LAUDERDALE FL 33301~~

9. Name and Address of New Registered Agent

Name Dr. AL SAWAF, R.
Street Address (P.O. Box Number is Not Acceptable)
2500 Del mar Place
Suite, Apt. #, Etc.
Ft. Lauderdale
City
State FL Zip Code 33301

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 Redha K. Hassan
REGISTERED AGENT MUST SIGN

Date 4-2-97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☒ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: HASSAN, Dr. Redha K. President 4-2-97 (954) 524 7202

CR2E040 (6/95)