

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N26022

1. Corporation Name

WORLD ORPHANAGE & REFUGEE RELIEF FOUNDATION, INC.

Principal Place of Business

2500 DEL MAR PLACE
FT. LAUDERDALE FL 33301

Mailing Address

2500 DEL MAR PLACE
FT. LAUDERDALE FL 33301

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/21/1988

5. FEI Number

65-0046018

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

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 and ST	HASSAN, DR. REDHA K.	2500 DEL MAR PLACE	FT. LAUDERDALE FL 33301
DR	HASSAN, GHATHA <input checked="" type="checkbox"/> Delete	2500 DEL MAR PLACE	FT. LAUDERDALE FL 33301
DR	HASSAN, MEHDI <input checked="" type="checkbox"/> Delete	2018 N.E. HART ST	FT. LAUDERDALE FL 33305
DR	HASSAN, GHATHA <input checked="" type="checkbox"/> Delete	2500 DEL MAR PLACE	FT. LAUDERDALE FL 33301
VD	HASSAN, HAYDER	2500 Del Mar place	Ft. Lauderdale
Addition			FL 33301
D	HASSAN, MEHDI	2500 Del Mar place	FL 33301
Addition		Ft. Lauderdale	

8. Name and Address of Current Registered Agent

ALSAWAF, R. DR
2500 DEL MAR PLACE
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

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

REGISTERED AGENT MUST SIGN

Date

7-15-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REDHA K. HASSAN, M.D.
Redha K. Hassan, M.D.

President, Secretary, Treasurer and Director