

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

01 JAN 24 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Mailing Address
5130 N. Federal Highway 5130 N. Federal Highway
Suite 11 Suite 11
Ft. Lauderdale, FL 33303 Ft. Lauderdale, FL 33303

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 04/21/88	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0046018	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$9.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PDST	Hassan, Dr. Redha K.	2500 Del Mar Place	Ft. Lauderdale, FL 33301
VD	Hassan, Hayder	2500 Del Mar Place	Ft. Lauderdale, FL 33301
D	Hassan, Mehdi	2500 Del Mar Place	Ft. Lauderdale, FL 33301

REINSTATEMENT 2000-01

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
Caryn Goldenberg Carvo, Esq.
Street Address (P.O. Box Number is Not Acceptable)
One Financial Plaza
Suite, Apt. #, Etc.
Suite 2020
City
Ft. Lauderdale
State
FL
Zip Code
33394

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

Caryn Goldenberg Carvo
REGISTERED AGENT MUST SIGN

Date 1/18/01

11. 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.)

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:

R. Alsawaf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18/01 (954)

Daytime Phone 324-4450

CR2E040 (12/96)