

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUN -1 AM 8:50
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005182

1. Corporation Name
WORLD LIBERTY FOUNDATION Inc

2. Principal Office Address - No P.O. Box #
4777 Gabriella Lane

3. Mailing Office Address
P.O. Box 399

Suite, Apt. #, etc.

City & State
Oviedo, Florida

City & State
Goldenrod, FL 32733

Zip Country
32 765 Seminole

Zip Country
32733 Orange

REINSTATEMENT 04-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 593291992 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
William H Abbott

Street Address (P.O. Box Number is Not Acceptable)
479 N. Dixie Ave

Suite, Apt. #, Etc.

City State Zip Code
Titusville, FL 32796

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 Date 5-31-07
REGISTERED AGENT MUST SIGN

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
P	WILLIAM H.ABBOTT	479 N Dixie Ave.	Titusville, FL. 32796
VP T	WARREN H.ABBOTT	479 N.DIXIE AVE,	Titusville, Fl 32796
T	Deann Abbott	479 N. Dixie Ave.	Titusville FL 32796

10. 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 contained in Chapter 119, 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: William H. Abbott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/31/07 (407) 671-7376
Daytime Phone #