PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS





02 FEB -6 AM 10: 07

D	OCUMENT	#	N94000	00	51	95
•	Campanian Name		14 / / 00 -		- •	

1. Corpora	UMENI # N94000 ration Name	100 51	SECRETARY OF STATE TALLAHASSEE, FLORIDA							
Worl	LD FOUNDATION FOR	Humani	ity	INC.	4	,) .				
	al Office Address LENELL ROAD	3. Mailing Office	e Address	s	700	MI-3	^7	ID		
Suite, Apt. #	# ₄ etc.	Suite, Apt. #, etc.	etc.			corporated or Qualified-				
City & State FORT M	NYERS BEACH, FL	City & State	ne		5. FEI Numi	To Do Business in Florida 10 18 1994 5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status				
Zip 33 9	Country	Zip Same		Country U. S., A.	6.					
		7. Name	e and Ar	ddress of Current Regis	stered Agent		_			
	Name PR. JAMES	HENDEI	RSH			30000491 -02/12/02 		9 9 009 *11.25		
ļ	Street Address (P.O. Box Number is No 400 LENEL	it Acceptable)	ກ	•		renerren gran an an	LU mai	F1 - 1 - 1 - 1		
	Suite, Apt. #, Etc. # 209		<u>-</u>					,		
	FORT MYERS BE	ACH				State Zip Code FL 334	931			
	appointed the registered agent of the abov	re named corporation	ın, am fa	miliar with and accept the	e obligations of sec	ction 607.0505 or 617.0503,	1			
Signature of Registered A	Agent	nes Hend	Erez TMUST	RIGN		Date 01/3/	1/02			
9 Names	s and Street Addresses of Each Officer and/				-* least 3 directors)			· ·		
Titles	Name of Officers and/or Directors	UI DIRECTOR (Nonpo	Street Address of E Officer and/or Direc	Each	<u> </u>	/ State / Zip			
CPD	-DR. JAMES HENDERS	Hor-4	400 -LENEUL-ROAD			FORT MYER'S B	FORT MYERS BEAR H, FL-33931			
v/T	DWIGHT EDWARDS	l l				WINTER HAVE	/			
T/T	KEN KNUTSEN	27	1200	RIVERVIEW C	ENTER	BONITA SPRING	75, FI	34134		
s/T	HENRY C. COHEN	/ 27	1200	RIVERVIEW C	LENTER	BONITH SPRIN				
							·			

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 filling 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

Daytime Phone #



WORLD FOUNDATION FOR HUMANITY

400 Lenell Rd.

Telephone: 941 765-4342

Fort Myers Beach,

E-Mail: drjim@worldfoundation.com

Fl. 33931

website: worldfoundation.com

February 31, 2002

Department of State Divisions of Corporations 409 East Gaines Street Tallahassee, Fl. 32399

Dear Sirs, Greetings from the World Foundation for Humanity!

Would you please waive the fees for the foundation because our Secretary who retired did not send the year end documents into the State Department. Thank you for your help in this matter.

Enclosed please find a check for: \$131.25

- 1. Last year.....\$61.25
- 2. This year.....2002.......\$61.25
- 3. Certificate of Status..... <u>8.75</u>

\$131.251

四輪 的影響構造 一致 短句 医代别组织形式

Once again, thank you for your help in this matter!

I remain,

Dr. James Hendershot, President