

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000544

1. Corporation Name

WORLD OF KNOWLEDGE FOUNDATION, INC.

Principal Place of Business

Mailing Address

4037 METRIC DRIVE.. STE 140
WINTER PARK FL 32792

4037 METRIC DRIVE.. STE 140
WINTER PARK FL 32792

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT



600025558156

12/17/00--01037--006 **236.25

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/1996

5. FEI Number

65-0715728

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
DT	LOTT, LAURI	3501 QUADANGLE BLVD STE 355 4037 metric Drive STE 140	ORLANDO FL 32817 Winter Park FL 32792
SD	BAKER, MICHELE	3501 QUADANGLE BLVD STE 355 4037 metric Drive STE 140	ORLANDO FL 32817 Winter Park FL 32792
PD	CHARANI, SAMER	3501 QUADANGLE BLVD STE 355 4037 metric Dr. STE 140	ORLANDO FL 32817 Winter Park FL 32792
ED	CHAIBI, HAFIDN	3501 QUADANGLE BLVD STE 355 4037 metric Dr. STE 140	ORLANDO FL 32817 Winter Park FL 32792

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~DROSOLUC~~
LOWNDES, DROSOLUC, DOSTER, KANTOR & REED PA
215 N EOLA DRIVE
ORLANDO FL 32802

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Lowndes, Drosoluc, Doster, Kantor & Reed
My friend

REGISTERED AGENT MUST SIGN

Date

12/10/03

11. 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:

Michele Baker Michele Baker 12/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

012E040 (7/03)