

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 11 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004174

1. Corporation Name

WORLVIEW FOUNDATION INCORPORATED

Principal Place of Business

408 PARK RIDGE AVE.
TAMPA FL 33617

Mailing Address

408 PARK RIDGE AVE.
TAMPA FL 33617

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

2. New Principal Office Address, If Applicable

521 HERCHEL DR

Suite, Apt. #, etc.

Tampa, FL

City & State

TAMPA FL

Zip 33617

Country USA

3. New Mailing Office Address, If Applicable

521 HERCHEL DR

Suite, Apt. #, etc.

Tampa, FL

City & State

TAMPA FL

Zip 33617

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/1998

5. FEI Number

59-3517759

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HERBERT-FORD, LINDA	408 PARK RIDGE AVE. 521 HERCHEL DR	TAMPA FL 33617
D	FORD, MICHAEL R	408 PARK RIDGE AVE. 521 HERCHEL DR	TAMPA FL 33617
D	ROZA, LAURA	14815 CRENSHAW LAKE RD.	TAMPA FL 33617
			9800004916849--B --02/13/02--01095--008 *****61.25 *****61.25
			03/12/01 90011 023 \$70.00

8. Name and Address of Current Registered Agent

HEBERT-FORD, LINDA
408 PARK RIDGE AVE. 521 HERCHEL DR
TAMPA FL 33617

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

Linda Hebert-Ford
REGISTERED AGENT MUST SIGN

Date

12/25/01

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.

LINDA HEBERT-FORD

SIGNATURE

Linda Hebert-Ford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/25/01

Daytime Phone #

813-985-9344

CR2040 (8/01)

282

Worldview Foundation, Inc.
521 Herchel Dr.
Tampa, FL. 33617
FEI number 59-3517759

Department of State
Div. of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

To whom it may concern,

After consulting with Eula from the Reinstatement Division, I am enclosing this letter to ask for a waiver of the reinstatement fee because of an address change. I had not received any notices about a problem with my paperwork., I presume it was sent to our old address, 408 Park Ridge Ave and never forwarded to our new address 521 Herchel Dr. Tampa, FL. 33617(as of 4/1/01). Eula verified that the \$70.00 annual fee check that I sent in, for this non-profit corporation, was cashed but the paperwork needed some attention. I am sending that corrected paperwork along with a check for \$61.25 to cover this years Annual Report Fee. Thank you in advance for understanding this problem with an address change and taking care of the necessary address corrections, *AND REINSTATEMENT.*

Sincerely,


Linda Hebert-Ford