

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N99000004244

1. Corporation Name

WORLD WIDE REFUGEE & RELIEF SERVICES, INC.

Principal Place of Business

Mailing Address

19711 N.W. 5TH AVENUE
MIAMI FL 33169

19711 N.W. 5TH AVENUE
MIAMI FL 33169

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

4. Date Incorporated or Qualified
To Do Business in Florida

7-15-99

07/15/1999

5. FEI Number

65-0938332

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
PD	STEFANOS, ZEREZGHI	19711 N.W. 5TH AVENUE	MIAMI FL 33169
VTD	KARAKAS, OMER	8920 N.W. 8TH STREET	MIAMI FL 33172
SD	STEFANOS, KUFLU	341 N.W.206TH STREET	MIAMI FL 33169
D	GEBI, TAMUNA	1105 N.W. 16TH AVE	MIAMI FL 33136
D	RONKE, AGEKENI	12905 S.W. 104TH STREET	MIAMI FL 33196

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~OLAIGBE, OLA~~
~~18441 N.W. 2ND AVENUE~~
~~SUITE 220~~
~~MIAMI FL 33169~~

Name

STEFANOS, ZEREZGHI

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

19711 N.W. 5th Avenue

Suite, Apt. #, Etc.

19711 NW 5TH AVENUE

City

MIAMI

State

FL

Zip Code

33169

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

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-12-00

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:

[Signature]

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-00

Date

Daytime Phone #