

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 21 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P95000044228

1. Corporation Name

World Pilgrim Tours, Inc.

2. Principal Office Address

8610 Longford Drive
Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32244

Country

USA

3. Mailing Office Address

same
Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/95/

5. FEI Number

58-2032272

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

Tewfic J. Safieh

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

8610 Longford Drive

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

32244

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

Tewfic J. Safieh

REGISTERED AGENT MUST SIGN

Date 3-31-03

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
PRES	Tewfic J. Safieh	8610 Longford Drive	Jacksonville FL 32244
V-P	Bitsie O. Safieh	8610 Longford Drive	Jacksonville FL 32244
SEC			
TRES			

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 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

Tewfic J. Safieh

Tewfic J. Safieh

Date

3-31-03 (904) 779-7011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E081 (10/02)