

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000074201

1. Corporation Name

OUR WORLD, CORP.

Principal Place of Business

1912 GULF BOULEVARD
INDIAN ROCKS BEACH FL 33785

Mailing Address

1912 GULF BOULEVARD
INDIAN ROCKS BEACH FL 33785

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1998

5. FEI Number

59-3531800

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	BECKER, DEBORAH	1912 GULF BOULEVARD	INDIAN ROCKS BEACH FL 33785
D	BECKER, JEFFREY	1912 GULF BOULEVARD	INDIAN ROCKS BEACH FL 33785
D	BECKER, TIMOTHY	1208 TOWN HARBOUR CT	WOODSTOCK GA 30189
D	BECKER, CYNTHIA	1208 TOWN HARBOUR CT	WOODSTOCK GA 30189
			200003459332--5 11/09/00 01090 009 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

BECKER, DEBORAH
1912 GULF BOULEVARD
INDIAN ROCKS BEACH FL 33785

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

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Agent

SIGNATURE *Deborah Becker*

REGISTERED AGENT MUST SIGN

Date 10/16/00

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 *Deborah Becker*
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/16/00

727-595-9421
Daytime Phone #

KE