

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 27 PM 7:29

DOCUMENT # S66721

1. Corporation Name

WORLD FUNDING CORPORATION

Principal Place of Business

147 TOLLGATE TR.  
LONGWOOD FL 32750  
US

Mailing Address

147 TOLLGATE TR.  
LONGWOOD FL 32750  
US

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 99

4. Date Incorporated or Qualified  
To Do Business In Florida

07/17/1991

5. FEI Number

59-3083831

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	CONIGLIO, MICHAEL J.	971 E. TENN. ST..	TALLAHASSEE FL 32308
PST	GARZON, RICHARD P	104 E. THIRD AVE.	TALLAHASSEE FL
			900003036039--1
			-11/05/99--01042--002
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CONIGLIO, MICHAEL J.  
971 E. TENNESSEE ST.  
TALLAHASSEE FL 32308

Name

RICHARD GARZON

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

147 TOLLGATE TR

Suite, Apt. #, Etc.

LONGWOOD

City

State

FL

Zip Code

32750

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

*Richard Garzon*  
REGISTERED AGENT MUST SIGN

Date 10-10-99

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:

*Richard Garzon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Res.

10-10-99

Date

407-331-3311

Daytime Phone #