

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL 31 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Institute of Development for Economic Advancement,
Inc.

NO1000000084

2. Principal Office Address

2375 NE 173rd St

Suite, Apt. #, etc.

Apt. B106

City & State

North Miami Beach, FL

Zip

33160

Country

USA

3. Mailing Office Address

2375 NE 173rd St

Suite, Apt. #, etc.

Apt. B106

City & State

North Miami Beach

Zip

33160

Country

USA

500022079135

08/05/03--01073--003 **122.50

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/00

5. FEI Number

65-1066788

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

Merlene-Patrice Bourdeau

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

2375 NE 173rd St

Suite, Apt. #, Etc.

B106

City

North Miami Beach

State

FL

Zip Code

33160

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

Merlene Patrice Bourdeau
REGISTERED AGENT MUST SIGN

Date

6/16/03

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
V.P.	Jean Pierre Paul	2500 Hallandale Beach Blvd	Hallandale Beach, FL 33
Treasurer	Yves Noël	235-17 147 th Rd.	Rosedale, NY, 11422
Secretary	Solange Bernard	2375 NE 173 rd St	North Miami Beach, FL 33160
President	Merlene-Patrice Bourdeau	6301 SW 34 th St	Micamar, FL 33023

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:

Merlene Patrice Bourdeau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/16/03 954802-6173

Daytime Phone #

CR2E081 (10/02)

7/1/00