

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NH1326

1. Corporation Name

INTERNATIONAL FOUNDATION
FOR THE ARTS INC.

2. Principal Office Address

8525 PINE CAY

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip 33411

Country

USA

3. Mailing Office Address

PO BOX 2160

Suite, Apt. #, etc.

City & State

PALM BEACH, FL

Zip

33480

Country

USA

FILED

05 DEC -8 11 10:40

CR2E081 (8/05)

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

DEC 14, 1990

5. FEI Number

65 0271027

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

SHELLY R. PEARSON

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

8525 PINE CAY

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33411

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

Shelly Pearson

REGISTERED AGENT MUST SIGN

Date

DEC 1 2005

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 & EXEC DIR	SHELLY R. PEARSON	8525 PINE CAY WEST PALM BEACH, FL 33411	WEST PALM BEACH FL 33411
DIR	JOHN S PEARSON	8525 PINE CAY	WEST PALM BEACH, FL 33411
DIR	GENARO AMBROSINO	769 NE 125 ST	MIAMI FL 33161
DIR	CAROL DAMIAN	1115 NORTH GREENWAY	CORAL GABLES FL 33134
		REINSTATEMENT 05 13 12/08/05	

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:

Shelly Pearson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEC 1 2005

Date

561 998 4188

Daytime Phone #