## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N47978

FILED Sep 19, 2007 Secretary of State

Entity Name: INTERNATIONAL ASSOCIATION FOR MANAGEMENT OF TECHNOLOGY, INC.

Current Principal Place of Business: New Principal Place of Business:

1251 MEMORIAL DRIVE MCARTHUR 268

CORAL GABLES, FL 33124 US

Current Mailing Address: New Mailing Address:

P.O. BOX 248294

CORAL GABLESL, FL 33124 US

FEI Number: 65-0331604 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KHALIL TAREK M KHALIL, TAREK M DR. 5105 ORDUNA DRIVE 5105 ORDUNA DRIVE

CORAL GABLES, FL 33146 US CORAL GABLES, FL 33146 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TAREK M. KHALIL 09/19/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PPCD () Delete
 Title:
 PPCD (X) Change () Addition

 Name:
 KAHALIL, TAREK M DR.

Address: 5105 ORDUNA DRIVE Address: 5105 ORDUNA DRIVE
City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: CORAL GABLES, FL 33146

Title: TD () Delete Title: TD (X) Change () Addition Name: VASCONCELLOS, EDUARDO DR. Address: RUA DARDANELOS, 108 APT 16B Address: RUA DARDANELOS, 108 APT 16B

City-St-Zip: SAN PAULO, BR City-St-Zip: SAN PAULO, BR

Title: VPD () Delete Title: VPD (X) Change () Addition Name: HOSNI, YASSER A DR.

Address: PO BOX 162450 Address: PO BOX 162450

 City-St-Zip:
 ORLANDO, FL 328162450
 City-St-Zip:
 ORLANDO, FL 328162450

 Title:
 PD
 (X) Delete
 Title:
 ( ) Change ( ) Addition

Name:AJE, JOHN DRName:Address:UMUC GRADUATE SCHOOLAddress:City-St-Zip:UNIVERSITY PARK, MDCity-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAREK M. KHALIL DR. 09/19/2007