

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

99 MAY 26 PM 2:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N96000000275

1. Corporation Name **International Adoption Agency, Inc.**
 (Not-for-Profit)

Principal Place of Business Mailing Address

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

2. New Principal Office Address, If Applicable
16300 NE 19th Avenue
 Suite, Apt. #, etc. **Suite D**
 City & State **North Miami Beach, FL**
 Zip **33162** Country **US**

3. New Mailing Office Address, If Applicable
N/A
 Suite, Apt. #, etc.
 City & State
 Zip Country

REINSTATEMENT 97-99

~~800002886788~~
~~-05/26/99-01030-020~~

4. Date Incorporated To Do Business in Florida ~~*****8.75~~ ~~*****8.75~~
January 16, 1996

5. FEI Number **31-1546031** CO2 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRE () \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D-VP	Tamara Dolgushina	1013 Ridgeway Meadow Dr.	Ellisville, MO 63021
D-P	Yanna Dzlieri	19370 Collins Avenue	N. Miami Beach, FL 33160
D-T	Nellie Batitsky	19390 Collins Avenue	N. Miami Beach, FL 33160

~~800002886788~~
~~-05/26/99-01030-021~~
~~****358.75~~ ~~****358.75~~

8. Name and Address of Current Registered Agent

Yanna Dzlieri
19370 Collins Avenue
Apartment 304
NMB, FL 33160

9. Name and Address of New Registered Agent

Name **William H. Batallas**
 Street Address (P.O. Box Number is Not Acceptable)
3990 Sheridan Street, Suite 104
 Suite, Apt. # Etc.
 City **Hollywood, Florida** 33021
 State **FL** Zip Code

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 *William H. Batallas*
 REGISTERED AGENT MUST SIGN

Date **5/21/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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)(b), 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: *Tamara Dogulshina*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tamara Dogulshina

Date **5.18.99** Phone **954 987-3150**

CR2E081 (12-98)