

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 25 AM 8:00

DOCUMENT # *N96000000275*

1. Corporation Name *INTERNATIONAL
ADOPTION AGENCY, INC.*

300022216683
08/11/03--01067--004 **122.50

2. Principal Office Address *18090 COLLINS AV.*

3. Mailing Office Address *9801 COLLINS AV.*

Suite, Apt. #, etc. *SUITE-10*

Suite, Apt. #, etc. *AP 6 J*

City & State *M. MIAMI BEACH, FL.*

City & State *BAL HARBOUR, FL.*

Zip *33160* Country *USA*

Zip *33154* Country *USA*

4. Date Incorporated or Qualified To Do Business in Florida *01.16.1996*

5. FEI Number *65-1023309* 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 *TAMARA DOUGUSHINA*

Street Address (P.O. Box Number is Not Acceptable) *9801 COLLINS AVE*

Suite, Apt. #, Etc. *APT. 6 J*

City *BAL HARBOUR*

State **FL** Zip Code *33154*

REINSTATEMENT 02-03

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date *08.08.2003*

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
President	<i>D. TAMARA DOUGUSHINA</i>	<i>9801 COLLINS AVE. AP. 6 J</i>	<i>BAL HARBOUR FL. 33154</i>
V. President	<i>D. VICTORIA MARKOVA</i>	<i>10160 COLLINS AVE. AP. 205</i>	<i>BAL HARBOUR FL. 33154</i>
Treasurer	<i>D. MARIA MARKOVA</i>	<i>10160 COLLINS AVE. AP. 205</i>	<i>BAL HARBOUR FL. 33154</i>

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)(l), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *08.08.2003*
Daytime Phone #

CR2E081 (10/02)

To: Reinstatement Department Division of Corporation
From : Tamara Dolgushina, International Adoption Agency Inc.

I would like to inform you that I did not receive any letters from you in 2002.

International Adoption Agency Inc.
9801 Collins Ave Suit # 6-J
Bal Harbour, FL 33154

Sincerely,
Tamara Dolgushina
International Adoption Agency Inc.

08.21.2003

