

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P29797**

1. Corporation Name

INTERNATIONAL RESCUE COMMITTEE, INC.

Principal Place of Business

Mailing Address

122 EAST 42ND ST
 NEW YORK NY 10168-1289
 US

122 EAST 42ND ST
 NEW YORK NY 10168-1289
 US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Organized To Do Business in Florida
 06/19/1990

5. FEI Number

13-5660870

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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	4 City / State / Zip
P	LEVY, REYNOLD	122 E 42ND ST	NEW YORK NY 10168
CPO CFO	LA ROCHE, RICHARD LA ROCHE	122 E 42ND ST	NEW YORK NY 10168
S	STERNBERG, CHARLES	122 E 42ND ST	NEW YORK NY 10168
T	BATKIN, ALAN	122 E 42 ND ST	NEW YORK NY 10068 10168
B C	WHITEHEAD, JOHN C LORD, WINSTON	85 E. 55TH ST 122 E. 42 ND ST.	NEW YORK NY 10022 NEW YORK, NY 10168
C	STRICKLER, JAMES C., M.D.	HB-7250 122 E. 42 ND ST.	HANOVER NH 03755 NEW YORK, NY 10168

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~BROWN, STACY DANIEL~~
~~110 SHEPHERD TRAIL~~
~~LONGWOOD FL 32752-0832~~

Name **LESLYE BOBAN**
 Street Address (P.O. Box Number is Not Acceptable) **2750 CORAL WAY, STE 200**
 Suite, Apt. #, Etc.
 City **MIAMI** State **FL** Zip Code **33145**

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/01

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/01

Date

212 551 3000

Daytime Phone #

FILED

01 OCT 24 PM 4:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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