

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 24 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003



600023805786
10/15/03--01023--009 **61.25

WOP

DOCUMENT # **F01000005246**

1. Corporation Name

IFA FOUNDATION OF NORTH AMERICA, INC.

Principal Place of Business

Mailing Address

3384 BLACK WILLOW TRAIL
DELAND FL 32724

3384 BLACK WILLOW TRAIL
DELAND FL 32724

AR

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 Qualified
To Do Business in Florida

10/08/2001

5. FEI Number

36-3655118

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	NEIMARK, PHILLIP	3384 BLACK WILLOW TRAIL	DELAND FL 32724
S	HUSAIN, TANYA	3384 BLACK WILLOW TRAIL	DELAND FL 32724
T	NEIMARK, VASSA	3384 BLACK WILLOW TRAIL	DELAND FL 32724
D	STAFFORD, JOHN JR.	3384 BLACK WILLOW TRAIL	DELAND FL 32724
D	MCDONALD, GREGORIO	3384 BLACK WILLOW TRAIL	DELAND FL 32724

600023805786
10/15/03--01023--008 **150.88

8. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name **VASSA NEIMARK**
Street Address (P.O. Box Number is Not Acceptable)
3384 BLACK WILLOW TRAIL
Suite, Apt. #, Etc. **D**
City **Deland** State **FL** Zip Code **32724**

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **10-08-03**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

VASSA NEIMARK

10-08-03

386.943.3711

Date

Daytime Phone #

CR2E040 (7/03)

282

Ifa Foundation of North America, Inc

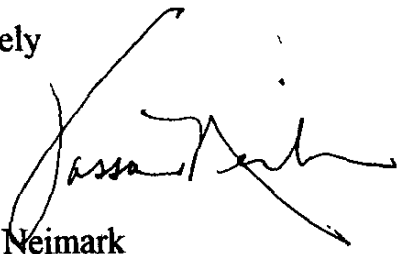
October 8th, 2003

Department of the State
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. 32314-6327

Please be advised that the form for filing this application was never received by our office. It was just recently brought to our attention that the original company that handled our filing has gone out of business and never had our files forwarded to us.

We thank you for reinstating us immediately.

Sincerely



Vassa Neimark
Officer of the
Ifa Foundation of North America, Inc.
3384 Black Willow Trail
Deland, Florida—32724

DOCUMENT # F01000005246