

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT -7 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *M635028*

1. Corporation Name

INTERNATIONAL DEVELOPMENT & ADVISORY
GROUP, INC.

W99-28553

Principal Place of Business

5801 CORAL WAY
MIAMI, FL. 33155

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

same

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-10-87

5. FEI Number

65-0048177

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name 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
P	JOSE R. MENDEZ, PRESIDENT	1800 NW 24th Ave. #609	Miami, FL. 33

4000003015224--3
-10/14/99--01091--011
***1500.00 ***1500.00

8. Name and Address of Current Registered Agent

JUAN Z. CURA
5801 Coral Way
Miami, FL. 33155

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State **FL** Zip Code

(Same as before)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date *9/27/99*

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 taxes 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)(f), F.S. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN Z. CURA, RA

JOSE R. MENDEZ, PRES.

Date

9/27/99

(305) 444-1040

Daytime Phone #