

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JAN 21 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001354

1. Corporation Name

International Foundation To Support Humanitarian
Programs, Inc.

REINSTATEMENT 02-03

500010386165
01/21/03--01044--012 **245.00

2. Principal Office Address

5740 S.W. 45th Terrace

3. Mailing Office Address

5740 S.W. 45th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33155

Country

USA

Zip

33155

Country

USA

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

February 27, 2001

5. FEI Number

65-1079492

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

Claude J. Kelly

Street Address (P.O. Box Number is Not Acceptable)

5740 S.W. 45th Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

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

Claude J. Kelly

REGISTERED AGENT MUST SIGN

Date 1/15/03

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
P/D	Vladimir Petrosyan	32025 Second Ave. S.W.	Federal Way, WA. 98023
VIS/D	Claude J. Kelly	5740 S.W. 45th Terrace	Miami, FL. 33155
V/T/D	Clark Hills	5000 Birch Street, Suite 3000	Newport Beach, CA 92660

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)(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:

Claude J. Kelly

Claude J. Kelly

1/15/03

(305) 336-1990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

js 1/22