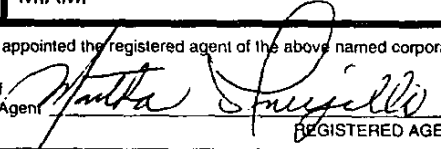2004 AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
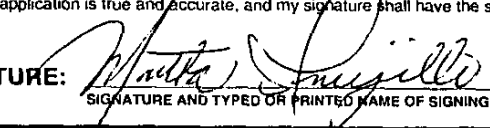
CORPORATION

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N0300000390 0

1. Corporation Name

INSTITUTO INTERNACIONAL CONTRA LA ADICCION *INC*

MRS

1/20/04 90065 044 * 61.25

2. Principal Office Address	**3.** Mailing Office Address		
8520 SW 133 AVE RD			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
420			
City & State	City & State		
MIAMI, FLORIDA			

4. Date Incorporated or Qualified
To Do Business in Florida 05/07/2003

Zip	Country	Zip	Country
33183	USA		

5. FEI Number
20-6015898

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
MARTHA TRUJILLO

Street Address (P.O. Box Number is Not Acceptable)
8520 SW 133 AVE RD

Suite, Apt. #, Etc.
420

City	State	Zip Code
MIAMI	FL	33183

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 _Martha Trujillo_   REGISTERED AGENT MUST SIGN   Date 01/15/04

CR2E091 (01/04)

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	TRUJILLO, MARTHA	8520 SW 133 AVE RD STE 420	MIAMI, FLORIDA 33183
VP	SANTA MARIA, PETER JR	8415 SW 210 ST	MIAMI, FLORIDA 33189
SEC	TRUJILLO JOSIAS E.	8520 SW 133 AVE RD STE 420	MIAMI, FLORIDA 33183

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: _Martha Trujillo_   01/15/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #