

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY -4 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700180272207

05/04/10--01046--007 **367.50

DOCUMENT # **N04000002425**

1. Corporation Name

**the foundation for the advancement
of Higher Education, Inc.**

2. Principal Office Address - No P.O. Box #

9751 Kendale Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 12646

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33176

Country

USA

Zip

33101

Country

USA

REINSTATEMENT 08-10

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/04

**Feb 25
2004**

5. FEI Number

EIN

14-1905307

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

Pavlov RAMEAU, Ph.D.

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

9751 Kendale Blvd

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

4/29/10

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 |
|--------|--------------------------------------|---|----------------------|
| Dr. | Linda Behar | UF Box 117049 | Gainesville FL 32611 |
| Dr. | George Simms | FIU University Park | Miami FL 33199 |
| Dr. | Joel Alexandre | American Academy | Oakdale, LA 71463 |
| Dr. | Pavlov Rameau | 9751 Kendale Blvd | Miami, FL 33176 |
| | | | |
| | | | |

CC 5/10

10. E-mail Address:

president @ fadhied . org

(To be used for future annual report notification)

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. I further certify, 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:

Pavlov Rameau, Ph.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/10

Date

Daytime Phone #

305-609-6053