


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

97 OCT 27 PM 2:23

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N38726**

1. Corporation Name  
**INTERNATIONAL RELIEF FOR SOUTH AFRICA, INC.**

Principal Place of Business <b>1110 RIFLECREST AVE                  VALRICO FL 33594                  US</b>	Mailing Address <b>P OBOX 1364                  BRANDON FL 33509-1364                  US</b>
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**REINSTATEMENT** *96-97*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	4. Date Incorporated or Qualified To Do Business in Florida <b>06/21/1990</b>	5. FEI Number <b>59-3015261</b> Applied For Not Applicable
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
DP	BADENHORST, M.L. DR.	1110 RIFLECREST AVE	VALRICO FL
<del>D</del>	<del>GREEN, PEARRY</del>	<del>8700 EAST EAGLE FEATHER</del>	<del>TUSCON AZ</del>
DV	RICHARDSON, CARL H.	304 EAST LUMSDEN ROAD	BRANDON FL
DS	BADENHORST, MARLENE	1110 RIFLECREST AVE	VALRICO FL VALRICO
DT	SMITH, AMANDA.	1110 RIFLECREST AVE	VALRICO FL 33594
D	BADENHORST	604 N. MERRIN ST.	PLANT CITY FL 33566

8. Name and Address of Current Registered Agent <b>BADENHORST, MARLENE                  1110 RIFLECREST AVE                  VALRICO FL 33594</b>	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>000002332750--5                  -10/29/97--01086--013                  ****306.25 ****306.25                  FL</b>
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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.  
 Signature of Registered Agent *M. Badenhorst* Date **10-16-1997**  
 REGISTERED AGENT MUST SIGN

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 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: *M. Badenhorst* Date **10-16-1997** Daytime Phone # **813-654-7566**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/96)