

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 27 PM 7:17

DOCUMENT # **N93000005271**

1. Corporation Name

INTERNATIONAL HEALING FOUNDATION, INC.

Principal Place of Business

5101 NW 5TH AVENUE
BOCA RATON FL 33487

Mailing Address

5101 NW 5TH AVENUE
BOCA RATON FL 33487



REINSTATEMENT 99

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/22/1992	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0366509	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names 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	4. City / State / Zip
D	LUNDRIGAN, JOHN	5101 NW 5TH AVENUE	BOCA RATON FL 33487
D	LUNDRIGAN, XIMENA	5101 NW 5TH AVENUE	BOCA RATON FL 33487
D	LUNDRIGAN, THOMAS	437 2ND STREET	DUNELLEN NJ 08812

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LUNDRIGAN, JOHN 5101 NW 5TH AVENUE BOCA RATON FL 33487	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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: *John Lundrigan* Date: **10/15/99**

REGISTERED AGENT MUST SIGN

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 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: *John Lundrigan* Date: **10/15/99** Daytime Phone #: **561-994-1186**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR