

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR -1 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001516

**1. Corporation Name**

International Development Agency, Inc.

**2. Principal Office Address**

8057 Arlington Expressway

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32211

Country

Duval

**3. Mailing Office Address**

1800 Australian Ave. South

Suite, Apt. #, etc.

100

City & State

West Palm Beach, Florida

Zip

33409

Country

Palm Beach

100033797561  
04/26/04--01008--030 \*\*61.25

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

3/28/1995

**5. FEI Number**

59-3353000

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

W. Morgan Speer

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

1800 Australian Avenue South

Suite, Apt. #, Etc.

100

City

West Palm Beach

State

FL

Zip Code

33409

**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

W. Morgan Speer

Date

04-6-2004

REGISTERED AGENT MUST SIGN

**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/C/D	Howard, Dale	8057 Arlington Expressway	Jacksonville/FL/32211
D/S/T	Paysinger, David	8057 Arlington Expressway	Jacksonville/FL/32211
D	Speer, W. Morgan	1800 Australian Ave. S. #100	West Palm Beach/FL/33409

**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:

W. Morgan Speer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-6-2004 561-655-9478

Date

Daytime Phone #

CR2081 (01/04)