

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003278

1. Corporation Name

INTERNATIONAL INSTITUTE FOR HEALTHCARE AND HUMAN
DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

2602 SAN DOMINGO STREET
CORAL GABLES FL 33134

2602 SAN DOMINGO STREET
CORAL GABLES FL 33134

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/1995

5. FEI Number

65-0643642

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
VD	YOURIST, JAY E	10650 SW 137TH STREET	MIAMI FL 33176
CD	EVERINGHAM, PHILIP B.	2602 SAN DOMINGO STREET	CORAL GABLES FL 33134
D	ROSS, DONALD	8620 S.W. 118TH STREET	MIAMI FL 33156
D	SIPOS, ANDREW J	250 BIRD ROAD # 302	CORAL GABLES FL 33146

900039906799
08/05/04--01036--007 **297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EVERINGHAM, PHILIP B
2602 SAN DOMINGO STREET
CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Philip B. Everingham
REGISTERED AGENT MUST SIGN

Date

7/31/04

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:

Philip B. Everingham PHILIP B. EVERINGHAM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/04
Date

(305)547-4592
Daytime Phone #

CR2E040 (7/03)