

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **196000004493**

1. Corporation Name

The Inter-American Center for Human Rights Inc.

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

NSU Law Center

Suite, Apt. #, etc.

3305 College Avenue

City & State

Fort Lauderdale, FL

Zip

33314

Country

US

3. Mailing Office Address

NSU Law Center

Suite, Apt. #, etc.

3305 College Ave

City & State

Fort Lauderdale, FL

Zip

33314

Country

US

7. Name and Address of Current Registered Agent

Name

Charlene Smith

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

3305 College Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33314

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

Charlene L. Smith

Date

23 Nov 09

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 |
|------------------------|--------------------------------------|---|-------------------------------------|
| Director ^D | Doug Donoho | 3305 College Ave | Fort Lauderdale / FL / 33314 |
| Director ^{PC} | James Willets | 3305 College Ave | Ft. Lauderdale / FL / 33314 |
| Director ^D | Jane Cross | 3305 College Ave | Ft. Lauderdale / FL / 33314 |
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REINSTATEMENT

RH

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 contained in Chapter 119, 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:

Charlene L. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 Nov 09 454-262

Date

Daytime Phone # **6254**

FILED

10 FEB 17 AM 9:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**100169560121
02/18/10--01002--018 **551.25**

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/1996

5. FEI Number

650728851

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The 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.