

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC 19 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 97000001020

1. Corporation Name

FOUNDATION FOR INTER-AMERICAN DIALOGUE
ON WATER MANAGEMENT, INC.

REINSTATEMENT
CR2E081 (1/07) 01-07

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

3240 Corporate Way

Suite, Apt. #, etc.

City & State

Miramar, Florida

Zip

33025

Country

USA

3. Mailing Office Address

3240 Corporate Way

Suite, Apt. #, etc.

City & State

Miramar, Florida

Zip

33025

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/1997

5. FEI Number

65-0739057

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

Allan Milledge

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

3240 Corporate Way

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33025

☐ 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.

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

Allan Milledge

REGISTERED AGENT MUST SIGN

Date 12/17/07

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
D	Allan Milledge	3240 Corporate Way	Miramar, FL 33025
D	David W. Moody	657 Alstead Center Rd.	Alstead, NH 03602
D	Leonard Berry	3970 RCA Blvd. Suite 320	Palm Beach Gardens, FL 33418
			400113268894 12/19/07--01009--024 **428.75
			400113268894 12/19/07--01009--025 **175.00

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:

Allan Milledge

ALLAN MILLEDGE

12/17/07

954-885-0085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell DEC 19 2007