

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV -5 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000002345**

1. Corporation Name

INTERNATIONAL RESEARCH INSTITUTE OF TRANSPERSONAL PSYCHIATRY, INC.

Principal Place of Business

3105 W WATERS AVE
STE 300
TAMPA FL 33614

Mailing Address

3105 W WATERS AVE
STE 300
TAMPA FL 33614

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida **11/16/99** **236.25** ******236.25** **04/23/1998**

5. FEI Number

59-3506481

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	KOLP, ELI	3105 W WATERS AVE, STE 300	TAMPA FL 33614
VD	KOLPAKCHI, MORDEKHAJ	3105 W WATERS AVE, STE 300	TAMPA FL 33614
STD	KOLPAKCHI, ZENAIDA	3105 W WATERS AVE, STE 300	TAMPA FL 33614

REINSTATEMENT **99**

TS

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Eli Kolp

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

3105 W. Waters Ave.

Suite, Apt. #, Etc.

Suite 300

City

Tampa

State

FL

Zip Code

33614

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

Eli Kolp

REGISTERED AGENT MUST SIGN

Date **10/19/99**

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:

Eli Kolp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/99

Date

813-931-9005

Daytime Phone #