PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 MAR 25 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000000879

1. Corporation Name

INTERNATIONAL DRUG AWARENESS RESEARCH FOUNDATION, FOUNDATION, INC.

300014858543
03/25/03--01041--017 **350.75
REINSTATEMENT

2. Principal Office Address		**3.** Mailing Office Address	
1201 Pennsylvania Avenue		790 Marcel Laurin	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 300, NW		Suite 202-14	
City & State		City & State	
Washington, D.C.		Montreal, Quebec	
Zip	Country	Zip	Country
20004	USA	H4M 2M6	CANADA

4. Date Incorporated or Qualified To Do Business in Florida: June 21, 1999

5. FEI Number: 59-3564388 ☐ 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: Ross H. Manella, Esquire

Street Address (P.O. Box Number is Not Acceptable): 2237 N. Commerce Parkway, Suite 3

Suite, Apt. #, Etc.: Suite 3

City: Weston | State: FL | Zip Code: 33326

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: _____ Date: 3/20/03
REGISTERED AGENT MUST SIGN

CR3E031 (10/02)

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	Thomas Zatylny	717 Camille, Laval (QC)	Canada H7P 2Z6
D	Dr. Claude Zandry	399 St. Hubert, St Jean Sur	Richeleau-Canada J3B 1P7
D	Dave Rakita	795 Muir St.	Montreal, CANADA H4L 5H8
D	Renald Larrivie	5065 Joliette St. St Hyacinthe, (QC)	CANADA J2X 3X6

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: X _____ March 19, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JT 3/31