PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 17 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000003969

1. Corporation Name
INTERNATIONAL FOUNDATION FOR THE NEEDED INC.;

2/21/03 01106 01M-428.75
W03-18732 00-03

2. Principal Office Address	3. Mailing Office Address
1150 HATTERAS CIR	1150 Hatteras Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
GREENACRES	
City & State: GREENACRES FL	City & State: Greenacres FL.
Zip: 33413-3003 Country: USA	Zip: 33413-3003 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: JUN 25-1999

5. FEI Number: 76-0724143 (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: Valentina A Collado

Street Address (P.O. Box Number is Not Acceptable): 1150 Hatteras Cir

Suite, Apt. #, Etc.: (House)

City: Greenacres | State: FL | Zip Code: 33413-3003

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: Dr. Valentina Collado — REGISTERED AGENT MUST SIGN — Date: 1-30-2003

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
President	Valentina A Collado	1150 Hatteras Cir.	Greenacres, Florida 33413-3003
Secretary	PRISCILLA RODRIGUES	62 Meadow Dr.	Boyton Beach FL. 33436
Vocal	IRAIDA M MENDEZ	3000 NW 5th Tr Apt 109	Pompano Beach Fl. 33064-3151
Vocal	Jose A. Abreu	1274 Olimpic Cir	Greenacres FL 33413
Vocal	Maxia Abreu	1274 Olimpic Cir.	Greenacres FL 33413
TREASURER	Jose Dilone Camacho	3000 NW 5 tr apt 109	Pompano Beach FL 33064

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: Dr. Valentina Collado — 2-7-2003 (305)206-3861