2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000001194

FILED Feb 04, 2009 Secretary of State

Entity Name: INTERNATIONAL INSTITUTE OF THE PALM BEACHES, INC.

	rincipal Place of Business:	New Principal Place of Business:
1124 BRO	ADWAY	1124 BROADWAY
E & F RIVIERA B	BEACH, 33404 FL	E & F RIVIERA BEACH, FL 33404 US
Current M	lailing Address:	New Mailing Address:
1124 BRO. E & F	ADWAY	1124 BROADWAY E & F
RIVIERA B	BEACH, 33404 FL	RIVIERA BEACH, FL 33404 US
FEI Number:	: 22-3950185 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (X)
Name and	Address of Current Registered Agent	: Name and Address of New Registered Agent:
165 CYPR	T, ROSE D ESS TRACE ALM BEACH, FL 33411 US	
	named entity submits this statement for t e of Florida.	he purpose of changing its registered office or registered agent, or both,
SIGNATUF	RE: ROSE KERSAINT	
	Electronic Signature of Registered	Agent Date
	ce with s. 607.193(2)(b), F.S., the corporation din paign Financing Trust Fund Contribution ().	d not receive the prior notice.
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
	PRES () Delete	Title: () Observe () Oddition
Title: Name: Address: City-St-Zip:	KERSAINT, ROSE D 165 CYPRESS TRACE ROYAL PALM BEACH, FL 33411	Title: () Change () Addition Name: Address: City-St-Zip:
Name: Address:	KERSAINT, ROSE D 165 CYPRESS TRACE	Name: Address:
Name: Address: City-St-Zip: Title: Name: Address:	KERSAINT, ROSE D 165 CYPRESS TRACE ROYAL PALM BEACH, FL 33411 VP () Delete DAVILMAR, MARIE LERONNE J 1791 EAST 92ND STREET	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	KERSAINT, ROSE D 165 CYPRESS TRACE ROYAL PALM BEACH, FL 33411 VP () Delete DAVILMAR, MARIE LERONNE J 1791 EAST 92ND STREET BROOKLYN, NY 11236 D () Delete HONORE, VIRGINIE H 981 ROSEDALE RD N	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	KERSAINT, ROSE D 165 CYPRESS TRACE ROYAL PALM BEACH, FL 33411 VP () Delete DAVILMAR, MARIE LERONNE J 1791 EAST 92ND STREET BROOKLYN, NY 11236 D () Delete HONORE, VIRGINIE H 981 ROSEDALE RD N WOODMERE, NY 11581 AGM () Delete HONORE, LESLY STTETY 981 ROSEDALE RD N	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:

Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSE KERSAINT PRES 02/04/2009