

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 13 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P28467

1. Corporation Name

AIUSA FOUNDATION, INC.

Principal Place of Business

% AMNESTY INTERN. OF THE U.S.A., INC
322 EIGHT AVE., 10TH FLOOR
NEW YORK NY 10001

Mailing Address

% AMNESTY INTERN. OF THE U.S.A., INC
322 EIGHT AVE., 10TH FLOOR
NEW YORK NY 10001

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3588088

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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	SCHULZ, WILLIAM F	322 8TH AVE, 10TH FLOOR	NEW YORK NY 10001
D	GISCOMBE, GARY C.P.A.	10TH FLOOR 322 8TH AVE.	NEW YORK NY 10001
D	GOERING, CURTIS	322 8TH AVE 10TH FL	NEW YORK NY 10001
			500005026375--0 -02/28/02--01026--023 *****61.25 *****61.25
			500005026375--0 -02/28/02--01026--024 *****52.50 *****52.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State FL

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

Robert L. Harris

Date 1-16-02

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-02 212 633-4245