

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FOR
REINSTATEMENT



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 AM 11:02

DOCUMENT # P99000106238

1. Corporation Name

INTERNATIONAL ASSOCIATES, INC.

OCT 02 2001

Principal Place of Business

Mailing Address

9553 HARDING AVE. SUITE 311
SURFSIDE FL 33154

9553 HARDING AVE. SUITE 311
SURFSIDE FL 33154



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

12/06/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0968072

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
P	TEDDER, REBECCA	1900 PURDY AVE. SUITE 1105 10275 COLLINS AVE SUITE 200	MIAMI FL 33139 33154

700004659587-5
-10/30/01--01070--012
****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TEDDER, REBECCA
1900 PURDY AVE, SUITE 1105
MIAMI FL 33139

Name

N/A

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REBECCA TEDDER
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/15/01

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:

REBECCA TEDDER
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

10/15/01 305-864-7775
EXT 22

CR2E040 (8/01)

I N T E R I O R S
International Interiors Associates

October 15, 2001

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314
ATTM: RE-INSTATEMENT DIVISION

RE: DOCUMENT # P99000106238
FEI # 65-0968072

To Whom It May Concern:

Please find enclosed check # 4107 in the amount of \$158.75 (\$150.00 renewal fee plus \$8.75 Certificate of Status) along with the completed Reinstatement Application.

We did not receive any information or application for renewals or reinstatement until this form that was received October 2, 2001. Our office did move over the last year and perhaps this was the problem. However, we advised the State of the new office address in a correspondence on November 14, 2000. I was advised by Leslie in the reinstatement department that it was not necessary to include this letter, but would be happy to forward a copy if needed.

Please feel free to contact our office should you have any questions or need additional information.

Sincerely,



Rebecca Tedder
President

Enclosures
RT/em