

2000 UNIFORM BUSINESS REINSTATEMENT (UBR)

2/3/00-90027-047-\$61.25-\$61.25

DOCUMENT # N99000004488

1. Entity Name

INTERNATIONAL HUMANITARIAN SERVICES, INC.

FILED

00 MAR -2 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|--|
| Principal Place of Business 200-B SOUTH MONROE STREET TALLAHASSEE FL 32301 | Mailing Address P.O. BOX 10242 TALLAHASSEE FL 32302-2242 |
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| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



DO NOT WRITE IN THIS SPACE

| | |
|----------------------------|--|
| 4. FEI Number 59-388027 | Applied For <input type="checkbox"/> Not Applicable |
|----------------------------|--|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

| |
|---|
| 6. Name and Address of Current Registered Agent LAMONICA, DON F 200-B SOUTH MONROE STREET TALLAHASSEE FL 32301 |
|---|

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|--|
| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | |
|-----------------------------|--|-----------------------------|---|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-----------------------------|--|-----------------------------|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Don F. Lamonica 200 B. S. Monroe St Tallahassee, FL 32302 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Patrick Bell, Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200 B. S. Monroe St. Tallahassee FL 32302 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Eron Lamonica, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200 B. S. Monroe St. Tallahassee FL 32302 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Don F. Lamonica*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-00
Date

850
224-8282
Daytime Phone #

CR2E037 (9/99)