

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV -3 PM 1:47

DOCUMENT # **L87340**

1. Corporation Name  
**INTERAXX PROPERTIES, INC.**

Principal Place of Business Mailing Address  
**6711 SW 5TH TERRACE MIAMI FL 33144 US**



**REINSTATEMENT 03**

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
**07/17/1990**  
5. FEI Number  
**65-0216226**  
Applied For  
Not Applicable  
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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	MARTINEZ, DANIEL	6711 SW 5TH TERRACE	MIAMI FL 33144

300024608453  
11/12/03 01025 018 \*\*150.00

8. Name and Address of Current Registered Agent  
**MARTINEZ, DANIEL  
6711 SW 5TH TERRACE  
MIAMI FL 33144**

9. Name and Address of New Registered Agent  
Name **DAN MARTINEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**6711 SW 5TH TERR**  
Suite, Apt. #, Etc.  
City **Miami** State **FL** Zip Code **33144**

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. or 617.0505, F.S.  
Signature of Registered Agent *[Signature]* Date **10/14/03**  
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)(l), 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]* **10/14/03** **305-298-4537**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

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October 14, 2003

Andy Dunlap  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

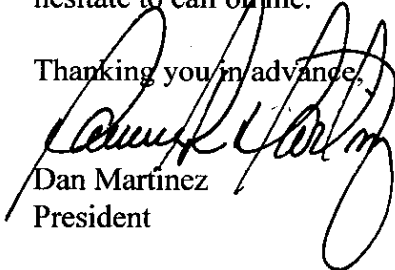
Re: Corporate Dissolution

Mr. Dunlap,

This letter is to clarify the issue which I discussed with a member of your team in a telephone conversation today. On April 10<sup>th</sup> 2003 I issued 4 separate checks for the corporations which I have include within this package. In July the checks had not been submitted to our bank for collection so I called the division of corporations to find out if there had been a problem. I spoke to someone who explained that it sometimes took longer the 60 days and if I would place a stop payment on the checks and they were in your system that they would dissolve the corporations. This person suggested that I wait and call again at a later date. In a conversation with a gentlemen by the name of Steve he helped in resolving the issue and suggested that I send this letter with a brief explanation and checks for \$150.00 for each of the companies in question which I have done.

If you have any additional questions or require copies of the original checks please do not hesitate to call omme.

Thanking you in advance,



Dan Martinez  
President

305.298.6537