

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -7 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M85194

1. Corporation Name

INTERAMERICAN SERVICE UNLIMITED CORP.

REINSTATEMENT 03

400023592774
10/07/03--01001--022 **150.00

2. Principal Office Address

7205 CORP. CENTER DR.

Suite, Apt. #, etc.

SUITE 504

City & State

MIAMI, FL

Zip

33126

Country

USA

3. Mailing Office Address

7205 CORP. CENTER DR.

Suite, Apt. #, etc.

SUITE 504

City & State

MIAMI, FL

Zip

33126

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/08/1988

5. FEI Number

65-0055297

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ATRIUM REGISTERED AGENTS, INC.

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

1500 SAN REMO AVENUE

Suite, Apt. #, Etc.

SUITE 125

City

CORAL GABLES

State

FL

Zip Code

33146

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/2/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	MOLINA, JUAN R.	7205 CORPORATE CENTER DR.#504	MIAMI, FLORIDA 33126
VPT	MONCADA, ARACELY	7205 CORPORATE CENTER DR.#504	MIAMI, FLORIDA 33126

10. 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

Oct/3/2003

Date

305-513-4097

Daytime Phone #

CR2E081 (10/02)

7/10/5

INTERAMERICAN SERVICE Unlimited Corp.

Miami, October 3, 2003

Dear Sirs:

First of all I would like to apologize for not paying for this filling fee on time (DOCUMENT # M85194). In August 2003 we moved to a different location, and this is the reason we never received the UBR form for 2003. If you look back on our records we have never been late paying for this fee, that's why we are asking you to please abate this additional fee for \$600.00. Enclosed is our regular payment for \$150.00

Please be so kind as to change our address in your system for future correspondence.

Our new address is:

INTERAMERICAN SERVICE UNLIMITED CORP.
7205 CORPORATE CENTER DRIVE SUITE 504
MIAMI, FL 33126
PH: 305-513-4097
FAX: 305-513-4908

If necessary please feel free to call me at any time.

Sincerely,



Elvira Vera
Controller