

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -7 AM 9: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000111484

1. Corporation Name

Intumar Corp.

2. Principal Office Address - No P.O. Box #

848 Brickell Ave
Suite, Apt. #, etc. 1200

3. Mailing Office Address

848 Brickell Ave
Suite, Apt. #, etc. 1200

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

08/10/2005

5. FEI Number

20-4407983

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 Elliot Dornbusch

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

Suite, Apt. #, Etc. 1200

City Miami

State FL

Zip Code 33131

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 3/16/09

REGISTERED AGENT MUST SIGN

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
DP	Elliot Dornbusch	848 Brickell Ave #1200	Miami, FL 33131
	<u>074/8</u>		
			300148976613
			04/07/09--01032--004 **600.00

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 contained in Chapter 119, 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

3/16/09

Date

305-377-6998

Daytime Phone #