

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 DEC 11 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000056879**

1. Corporation Name

**INTERAMERICAN IMPORT AND
EXPORT, INC.**

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

104 CRANDON BLVD.

3. Mailing Office Address

P.O. Box 491075

Suite, Apt. #, etc.

319

Suite, Apt. #, etc.

City & State

KEY BISCAIYNE, FLA.

City & State

KEY BISCAIYNE, FLA

Zip

33149

Country

U.S.A.

Zip

33149

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/1996

5. FEI Number

650683064

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

CRISTINA LORIDO PUENTES

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

104 CRANDON BLVD.

Suite, Apt. #, Etc.

319

City

KEY BISCAIYNE

State

FL

Zip Code

33149

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

Cristina Lorido

REGISTERED AGENT MUST SIGN

Date **12/10/2007**

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
P	CRISTINA LORIDO PUENTES	104 CRANDON BLVD #319	KEY BISCAIYNE, FLA 33149
VP	GEORGINA ALEMANY	104 CRANDON BLVD. #319	KEY BISCAIYNE, FLA 33149
REINSTATEMENT 1207			
RH			
200113159073 12/11/07--01048--013 **1500.00			

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:

Cristina Lorido

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/2007

Date

Daytime Phone #

Department of State
Division of Corporations
Document # P96-000056879

To Whom it may concern;

I Cristina Loido, president of Interamerican Import & Export Inc. am writing this letter to ask you to accept my payment for the 1998 annual report of the above mentioned corporation.

I would like to state that this happened because I never received the notification papers from the State of Florida, and because my bookkeeper did not advise me of that debt.

Therefore I am enclosing the fees for the three years, but I am requesting that the state waive the penalties for the late payment.

Thank you
Cristina Loido.