PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

00 JUN -8 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 360300

1. Corporation Name
Intaco Florida Corporation

2. Principal Office Address	**3.** Mailing Office Address
5775 NW 11 Street	151 SW 27 Avenue
Suite, Apt. #, etc.: Suite # 450	Suite, Apt. #, etc.:
City & State: Miami, FL	City & State: Miami, FL
Zip: 33126 Country: USA	Zip: 33135 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 2/26/70

5. FEI Number 59-2390037 ☐ 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: William L. Randol, Jr.

Street Address (P.O. Box Number is Not Acceptable): 151 SW 27 Avenue

REINSTATEMENT 90-80

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33135

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 5/31/2000

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
TPD	Dvenas, Marcos	NRB Industrial Park	Hato Rey, PR
VD	Dvenas, F. Thomas	Ave. 2nd Final	San Jose, Costa Rica
SD	Norton, Henry	11:56 Village Road	Beaver Creek, CO

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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: _____ S/D 5/31/2000 305-642-6220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (9/99)