

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

00 JUN -8 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **360300**

1. Corporation Name

Intaco Florida Corporation

2. Principal Office Address

5775 NW 11 Street

Suite, Apt. #, etc.

Suite # 450

City & State

miami, FL

Zip

33126

Country

USA

3. Mailing Office Address

151 SW 27 Avenue

Suite, Apt. #, etc.

City & State

miami, FL

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

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **5/31/2000**

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	Duenas, Marcos	NRB Industrial Park	Hato Rey, PR
VD	Duenas, F. Thomas	Ave. 2nd Final	San Jose, Costa Rica
SD	Norton, Henry	1156 Village Road	Beaver Creek, CO

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] S/D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/31/2000

Daytime Phone #

305-642-6220