

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **M53513**

1. Corporation Name

INTERMARKET CORP.

Principal Place of Business

Mailing Address

7286 S.W. 48TH STREET
 MIAMI FL 33155

7286 S.W. 48TH STREET
 MIAMI FL 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2121 Ponce de Leon Blvd #240 Coral Gables FL 33134 USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

06/09/1987

5. FEI Number

59-2820641

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DCEO	ALVAREZ, MANUEL A.	7286 SW 48TH ST	MIAMI FL 33155
DVS	ALVAREZ, TERESA M	7286 SW 48TH ST	MIAMI FL 33155
DP	ALVAREZ, PATRICIA M	7286 SW 48TH ST	MIAMI FL 33155

8. Name and Address of Current Registered Agent

PRATS, GABRIEL, CPA
 2121 PONCE DE LEON BLVD
 STE 240
 CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: *Ana B. Fernandez*
 Street Address (P.O. Box Number is Not Acceptable): *2121 Ponce de Leon Blvd*
 Suite, Apt. #, Etc.: *Suite 240*
 City: *Coral Gables* State: **FL** Zip Code: **33134**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

11/3/00

11. 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel Alvarez

Date

11/3/00

Daytime Phone #

305-663-9400

CR2E040 (8/00)