

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 JAN 22 PM 5:32

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # 528360

1. Corporation Name  
INTERAMERICAN BUSINESS ENTERPRISES, INC.

Principal Place of Business Mailing Address  
6317 TAYLOR ST. HOLLYWOOD FL 33024 US  
6317 TAYLOR ST. HOLLYWOOD FL 33024 US



REINSTATEMENT 00-01

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

2. New Principal Office Address, if Applicable: 6319 TAYLOR ST.  
3. New Mailing Office Address, if Applicable: 6319 TAYLOR ST.  
4. Date Incorporated or Qualified To Do Business in Florida: 02/18/1977  
5. FEI Number: 59-1728005  
6. CERTIFICATE OF STATUS DESIRED: [X] \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	PAEZ, MAX E.	6317 TAYLOR STREET	HOLLYWOOD FL 33024
B.	<del>PAEZ, EDUARDO A.</del>	<del>6317 TAYLOR ST.</del>	<del>HOLLYWOOD FL</del>

8. Name and Address of Current Registered Agent: PAEZ, MAX E, 6317 TAYLOR ST., HOLLYWOOD FL 33024  
9. Name and Address of New Registered Agent: Name: [Blank], Street Address: 6319 TAYLOR ST., City: Hollywood, State: FL, Zip Code: 33024

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] Date: 1/22/01

11. I certify that I am an officer or director 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)(f), 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] DATE: 1/22/01 TELEPHONE: 305-450-1070

**Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State**

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**To:**  
Division of Corporations  
Fax Number : (850)922-4004

**From:**  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**CORPORATION REINSTATEMENT**

**INTERAMERICAN BUSINESS ENTERPRISES, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$908.75