

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 14 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Interports Security Service, Inc.

2. Principal Office Address

2311 S.W. 15 St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 350734

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33145-1205

Country

Zip

33135-0734

Country

4. Date Incorporated or Qualified
To Do Business in Florida

59-2023660

5. FEI Number

59-2023660

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

MARIA ANTONIETA LARRAZ

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

2311 S.W. 15 St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33145

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 2-24-03

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
pstd	Maria A. Larraz	2311 S.W. 15 St.	Miami, Fl. 33145-1205

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-03 305-854-7071

Date

Daytime Phone #

2118