

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 18 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000003978**

1. Corporation Name

Interselect, Inc.

REINSTATEMENT 04-06

2. Principal Office Address

607 Kessler Lake Dr.

Suite, Apt. #, etc.

City & State

Dallas, TX

Zip

75208

Country

USA

3. Mailing Office Address

607 Kessler Lake Dr.

Suite, Apt. #, etc.

City & State

Dallas, TX

Zip

75208

Country

USA

E. Peterson

CR2E081 (12/05)

JAN 18 2006

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/1995

5. FEI Number

75-2596820

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

Lindsay Rabito

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

c/o Chaplain Realty

Suite, Apt. #, Etc.

5190 Overseas Highway

City

Marathon

State

FL

Zip Code

33050

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

Lindsay Rabito

REGISTERED AGENT MUST SIGN

Date

1/12/06

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
Pres.	Dolores Burdine	1153 70th Street, Gulf	Marathon, FL 33050
Secy.	Kathy Burdine	1153 70th Street, Gulf	Marathon, FL 33050

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 contained in Chapter 119, 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:

Dolores Burdine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/06

Daytime Phone #