

PLEASE READ ALL INSTRUCTIONS BEFORE COM

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**



**APPLICATION  
FOR  
REINSTATEMENT**

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

**DOCUMENT # G42478**

1. Corporation Name

**INTERFASE MARKETING, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**01-02**

Principal Place of Business

Mailing Address

8725 115TH AVE N  
LARGO FL 33773  
US

8725 115TH AVE N  
LARGO FL 33773  
US



**REINSTATEMENT**

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

4. Date Incorporated or Qualified To Do Business in Florida

06/07/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2305087

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$875 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
PD	SEVILLA, WILLIAM P.	8725 115TH AVE N	LARGO FL
D	SEVILLA, MAUREEN	8725 115TH AVE N	LARGO FL
D	SEVILLA, THOMAS	8725 115TH AVE N	LARGO FL
			600005145476--1 -03/22/02--01025--002 ***750.00 ***750.00
			600005145476--1 -03/22/02--01025--003 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THACKER, O. STEPHEN, ESQ.  
407 S. EWING AVE.  
CLEARWATER FL 34616

Name

William P. Sevilla

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

8725-115th Ave N.

Suite, Apt. #, Etc.

City

Largo,

State Zip Code

FL 33773

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

REGISTERED AGENT MUST SIGN

Date

2-20-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-02

Date

727-393-0082

Daytime Phone #

CR2E040 (8/01)