

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

602/03 WBN
LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 22 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

INTER AMERICAN RESOURCES INC.

600009781756
01/28/03--01036--004 **65.00

600009781756
01/02/03--01024--004 **235.00

2. Principal Office Address

103 N. MERIDIAN ST

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FLORIDA

Zip
32301

Country

U.S.A.

3. Mailing Office Address

4936 YONGE ST.

Suite, Apt. #, etc.

City & State

TORONTO, ON

Zip

M2N 6S3

Country

CDA

4. State/Country of Formation

FLORIDA, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

592682574

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

NATIONAL CORPORATE RESEARCH LTD., INC.

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

103 N. MERIDIAN ST

Suite, Apt. #, Etc.

City

TALLAHASSEE, FLORIDA

600009781756
01/02/03--01024--004 **235.00

State

FL

Zip Code

32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Kim Wayne

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	L. SKOLNIK	2500 BATHURST ST. #1006	TORONTO, ON. M6B 2Y8

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date

Dec 18/02

Daytime Phone #

416-410-3995

Typed or printed name of signing Managing Member/Manager

L. SKOLNIK

CR2E041 (9/01)

INTER AMERICAN RESOURCES INC.

4936 Yonge Street
Suite 727
Toronto, Ontario
M2N 6S3



Telephone: (416) 410-3995
Facsimile: (416) 784-1529

December 18, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida
32314
U.S.A.

Attention: Examination Department of Corporations

Dear Sir or Madam:

I spoke with Mr. Tyrone of your department on December 17, 2002 who advised me concerning our filings.

Our offices were at 4770 Biscane Avenue, Miami, Florida housed at one of our principal shareholders. He took ill and had major surgery at Mount Sinai Hospital in Miami, Florida. In the interim, mail was sent to P.O. 370219 Miami but was never collected.

Mr. Aslanian also never notified anyone concerning this situation.

We are filing our forms for re-instatement and cheques are being enclosed and a new registered agent has been appointed and signed the forms.

Thank you very much for your kindness and assistance in this matter.

Sincerely,

Larry Skolnik
Managing Partner

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