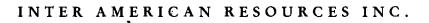


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	FILES
CORPORATION FLORIDA DEPARTMEN REINSTATEMENT Secretary of St	ate DIVISION OF CORPORATIVE
02-03 PROPERTY.	18 P 03 MAY - 2 AM 11:00
DOCUMENT # H32242 1. Corporation Name	
INTERAMERICAN RESOURCES INC	
	700018668407
2. Principal Office Address 3. Mailing Office Address 103 V rectional St 4936 46 VER	700018668407 05/09/0301020004 **315.00
Suite, Apt. #, etc. Suite, Apt. #, etc.	4. Date Incorporated or Qualified FLOLIOA
City & State Colt A has fold FL. City & State Colt & State	3. S. SEI NATINDER CO. Applied For
Zip Country Zip Country	Not Applicable
7. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. # Etc.	
City TALLARASSEE FL 32301	
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 Date Date Date Date Date Date Date Dat	
Signature of Registered Agent Date MISS TO 3 SHOW TO BE A STORY OF THE PROPERTY OF THE PROPERT	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Str	aet Address of Each ficer and/or Director City / State / Zip
ACC LISKOLMIK 250	BATKUIST ST TORONDO ONT
# 1006	
,	
10. Learlify 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 cwed 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: 1-SKOLMK CM 35 763 - 4/6-9/0 3 995 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone #	
Date Dayling Prone #	

5/2/03





Pg2/2

4936 Yonge Street Suite 727 Toronto, Ontario M2N 6S3

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

May 1, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida
32399
U.S.A.

Attention: Pat Bailey, Accountant II

Dear Ms. Bailey:

As per our conversation of yesterday regarding re-instatement of our Company, please be advised that we did not receive a notice of a return cheque or dissolution order being issued after 60 days. We are new to public companies as Mr. Swarzman is ill and we are trying to cope as well as possible.

I will be enclosing copies of papers you faxed to me and a cheque for U.S. \$315.00. I thank you for your indulgence and help in this matter.

Thanking you in advance.

Sincerely,

Larry Skolnik

LS/ncj Encls.