

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 156784

1. Corporation Name

INTRACO SYSTEMS, INC.

Principal Place of Business

1356 NW 2 Avenue  
Boca Raton, FL  
33432  
USA

Mailing Address

1356 NW 2 Avenue  
Boca Raton, FL  
33432  
USA

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida

3-13-1990

5. FEI Number

65-0180519

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required  
for 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 (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip |
|-------------|--------------------------------------|----------------------------------------------------------------------------------------|-----------------------|
| DPS         | Berger, Jack S.                      | 1356 NW 2 Avenue                                                                       | Boca Raton, FL 33432  |
|             |                                      |                                                                                        |                       |
|             |                                      |                                                                                        |                       |
|             |                                      |                                                                                        |                       |
|             |                                      |                                                                                        |                       |
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|             |                                      |                                                                                        |                       |

000002011649--B  
11/21/96 01097 004  
\*\*\*375.00 \*\*\*375.00

JB 11-20-96

8. Name and Address of Current Registered Agent

Carman, Deborah  
165 E. Palmetto Park Road  
Boca Raton, FL 33432

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of  
Registered Agent

SIGNATURE  
REGISTERED AGENT MUST SIGN

Date 11/15/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 118.07(3)(a) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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: SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-96 561-367-0600