

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 23 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 72021**

1. Corporation Name

INTERAMERICAN FINANCIAL CONSULTANTS INC.

2. Principal Office Address - No P.O. Box #

3191 CORAL WAY

3. Mailing Office Address

SAME AS PRINCIPAL OFFICE

Suite, Apt. #, etc.

SUITE 112

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

Zip

33133

Country

U.S.A.

Zip

Country

REINSTATEMENT

000152075740

04/23/09--01029--004 **1058.75

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

05-11-1990

5. FEI Number

650194719

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PAREDES, EDGAR

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

2715 TIGER TAIL AV.

Suite, Apt. #, Etc.

P.H. 7

City

COCONUT GROVE

State

FL

Zip Code

33133

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Edgar Paredes

REGISTERED AGENT MUST SIGN

Date **April 21, 2009**

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
DPUT	PAREDES, EDGAR	2715 TIGER TAIL AV. P.H. 7	COCONUT GROVE, FL 33133

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:

Edgar Paredes EDGAR PAREDES

Date

04-21-2009

Daytime Phone #

305-441-0555