

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 OCT -8 PM 12: 20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** L90112

**1. Corporation Name**

INTERLINK ASSET GROUP INC.

**2. Principal Office Address**

1815 GRIFFIN ROAD

Suite, Apt. #, etc.

202

City & State

FORT LAUDERDALE FL

Zip

33004

Country

**3. Mailing Office Address**

1815 GRIFFIN ROAD

Suite, Apt. #, etc.

202

City & State

FORT LAUDERDALE FL

Zip

33004

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0214380

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MARK ELLERT

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

1815 GRIFFIN ROAD

Suite, Apt. #, Etc.

202

City

FORT LAUDERDALE

State  
**FL**

Zip Code

33004

100004641641--7

-10/18/01--01049--008

\*\*\*1500.00 \*\*\*1500.00

**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

REGISTERED AGENT MUST SIGN

Date

9/28/01

**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
PST	MARK ELLERT	1815 GRIFFIN ROAD #202	FORT LAUDERDALE FL 33004

**REINSTATEMENT**

9/28/01

**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 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]*

MARK ELLERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/28/01

954/925-9990

Daytime Phone #

CR2E081 (9/00)