

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 21 PM 1:03

DOCUMENT # **L95000000495**

1. Limited Liability Company's Name

Intermps Systems Lc.

500005171535--2
-03/27/02--01038--005
*****200.00 *****200.00

2. Principal Office Address

1000 Brickell Avenue

Suite, Apt. #, etc.

420

City & State

Miami Florida

Zip

33131

Country

U.S.A.

3. Mailing Office Address

1000 Brickell Avenue

Suite, Apt. #, etc.

420

City & State

Miami FL 3

Zip

33131

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6/27/95

6. FEI Number

65-0590336

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

Julian Hernandez

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

1150 N.W. 72nd Ave

Suite, Apt. #, Etc.

555

City

Miami

State

FL

Zip Code

33126

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

Julian Hernandez

REGISTERED AGENT MUST SIGN

Date **02/28/02**

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
Mgm	Alfio Lanzatame	90 Alton Rd Apt 1610	Miami Beach FL 33139
Mgm	Aitor De Botache	7601 E. Treasure Dr # 2116	North Bay Village FL 33131

FF \$200.00

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

AR

Date

1/30/02

Daytime Phone # **305-374-4443**

Typed or printed name of signing Managing Member/Manager