

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M31828

1. Corporation Name

INTERAMERICA IMPORTS, INC.

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

2999 N. POWERLINE ROAD

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FLORIDA

Zip

33069

Country

USA

3. Mailing Office Address

2999 N. POWERLINE ROAD

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FLORIDA

Zip

33069

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

592679281

☐ 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

ARNOLD ALPERT

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

2999 N. POWERLINE ROAD

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33069

REINSTATEMENT

**M. MILLIGAN
EXAMINER**

JUN 16, 2010

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 **06/11/2010**

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|-------------------------|
| GP | ARNOLD ALPERT | 2999 N. POWERLINE ROAD | POMPANO BEACH, FL 33069 |
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10. E-mail Address: **pam13579@hotmail.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

ARNOLD ALPERT

06/11/2010

954-975-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #