PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR. REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

INTERSERVICE, CORP.

Principal Place of Business

Mailing Address

#10400-NW-21-STREET -8UITE-204--

P.O. BOX 226257

MIAMIT FL 38172

MIAMI FL 33122

FILED

03 FEB -4 AM 9:50

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above a	ddresses are incorrect in any way, line	through incorrect in	nformation and enter	correction below.			
New Principal Office Address, If Applicable New Principal Office Address, If Applicable			Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 04/02/1987		
Suite, Apt. #	E. CALUSA CLUB PR	·	Suite, Apt. #, etc.		5. FEI Numb	59-2839558	Applied For
City & State MIAMI FL		City & State			6\$8.75_4		Not Applicable Additional Fee requires
Zip 331		E Zip	Countr	у	CERTIFICA		r a Certificate of Status
7. Names a	and Street Addresses of Each Officer a	nd/or Director (Flo	orida nonprofit corpora	ations must list at le	ast 3 directors)		
Title(s)	Name of Officers and/or Directors		Street Address of Eac Officer and/or Directo				
PD	MARINO, ALBERTO J	1800 D. CALUSA CLUB PR.			MAMPETOTIZ MIAMI FL 3	3/81	
E6Ð→	SB SMARING, ALBERTO-LIB			THEET-		MININE FE-98172	
TD	MARINO, IVETTE C	10100 NW 21 STREET 9810 & CALUSA CLUB DR.			MIAMI FE 331	8(
 -		600011784116 02/04/0301056010 **150.00					
		ont Dogistered &c	ent .		9. Name an	nd Address of New Registered A	Agent
8. Name and Address of Current Registered Agent MARINO, ALBERTO J REGISTRA STATE PRACE 9810 E. CALUSA CLUB DR.				Name			- ·
				Street Address (P.O. Box Number is Not Acceptable)			
SHIE	MIAM		Suite, Apt. #, Etc.				
金融			City			Zip Code	
10. I bein	g appointed the registered agent of the	above named corp	poration, am familiar v	with and accept the	obligations of S	ection 607.0505, F.S. or 617.050	5, F.S.
	Mari					, ,	

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 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 of Registered Agent

REGISTERED AGENT MUST SIGN

INTERSERVICE CORP. 9810 E. CALUSA CLUB DR. MIAMI, FL 33186 TEL: (305) 382-1820

FAX: (305) 383-6059

e-mail: ajmarinosr@aol.com

January 31st. 2993

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Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: Reinstatement of INTERSERVICE CORP. as a Florida Active Corporation.

Dear Sir/Madam:

We refer to the reinstatement of Interservice Corp. as an Florida Active Corporation. This letter will certify that we never received the UBR necessary to file our Corporation Annual Report.

Apparently since the address shown on this Reinstament Form is wrong we never did received the the original UBR.

We are hereby sending you this Reinstatement Form along with our check for \$ 150.00 for the Activation of our Corporation. Due to the lateness of this form we are sending it via Express Mail.

Thank you for your cooperation in this matter.

Sincerely,

INTERSERVICE CORP.

Alberto J. Marino Sr. President and Director.