PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

M53513

8. Name and Address of Current Registered Agent

1. Corporation Name

INTERMARKET CORP.

Principal Place of Business

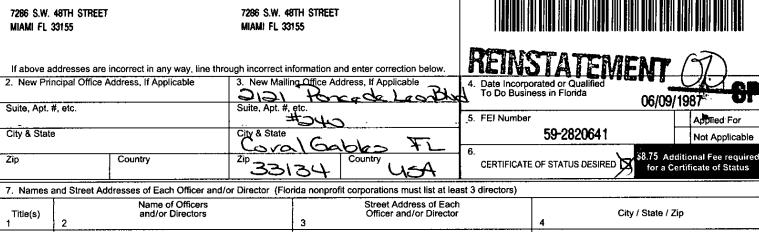
Mailing Address

7286 S.W. 48TH STREET

7286 S.W. 48TH STREET

MIAM) FL 33155

FILED 01 JAN -3 PM 12: 47 SECRETARY OF STATE TALLAHASSEE, FLORIDA



Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip
DCEO	ALVAREZ, MANUEL A.	7286 SW 48TH ST	MIAMI FL 33155
DVS	ALVAREZ, TERESA M	7286 SW 48TH ST	MIAMI FL 33155
DP	ALVAREZ, PATRICIA M	7286 SW 48TH ST	MIAMI FL 33155
		MARKET W	
			-01/11/0101040019 ****758.75 ****758.75
•			

Name PRATS, GABRIEL, CPA. Street Address (P. 2/2/ 2121 PONCE DE LEON BLVD Suite, Apt. #, Etc. **STE 240** CORAL GABLES FL 33134

City

State Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

9. Name and Address of New Registered Agent

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: