

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC -2 AM 8:01

10f2

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

01-02 UBR

DOCUMENT # P00000012684

1. Corporation Name

INFOAMERICAS CORP., INC.

2. Principal Office Address

2655 LE JEUNE R.D.

3. Mailing Office Address

2655 LE JEUNE RD.

Suite, Apt. #, etc.

STE. 807

Suite, Apt. #, etc.

STE. 807

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/2000

5. FEI Number

65-0983085

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

JOHN W. PRICE

100008674981

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

1213 AGUILA AVE.

10/23/02--01138--007 **300.00

Suite, Apt. #, Etc.

City

CORAL GABLES

State
FL

Zip Code

33134

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 Oct. 25, 2002

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
D	John W. Price	1213 Aguila Ave.	Coral Gables, FL 33134
D	Jan A. Smith	Rua Guilherme Bannitz 90-cj-120, Itaim	São Paulo, SP 04532-060 (Brasil)

CR2E081 (9/01)

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

INFOAMERICAS

MARKET INTELLIGENCE & STRATEGIC CONSULTING

Please Do Not
Remove

B2

Coral Gables, 25 October 2002

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL
32314

Dir Sir / Madam

Enclosed is our renewal corporations reinstatement along with a cheque for \$300.00. Please accept this payment for two years, as we have moved suite numbers at the same street address (as highlighted), and never received your correspondence requesting renewal.

Our correct address is below and is also on the application.

Should you have any questions, please contact me at 305-569-9133 ext. 201 or by email.

Sincerely,


John Price
President
InfoAmericas
jprice@infoamericas.com