

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 19 AM 8:00

DOCUMENT # D00000030589

1. Corporation Name
INTERAMERICAN INSURANCE
SERVICES, INC.

2. Principal Office Address
9301 SW 72ND ST.

Suite, Apt. #, etc.

City & State
MIAMI, FL.

Zip Country
33173 DADE

3. Mailing Office Address
(SAME)

Suite, Apt. #, etc.

City & State

Zip Country
USA.

REINSTATEMENT 03-04
MRD

4. Date Incorporated or Qualified To Do Business in Florida 03/24/2000

5. FEI Number 65-1000380 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 ELIAS D. LOPEZ ORTEGA 200033051802
Street Address (P.O. Box Number is Not Acceptable) 9301 SW 72ND ST. 04/19/04--01019--004 **300.00
Suite, Apt. #, Etc.
City MIAMI State FL Zip Code 33173

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 [Signature] Date 5/4/04
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
<u>VPO</u>	<u>CYNTHIA LOPEZ</u>	<u>9560 SW 137 AVE.</u>	<u>MIAMI, FL. 33186</u>
<u>S</u>	<u>ELENA LOPEZ</u>	<u>9301 SW 72ND ST.</u>	<u>MIAMI, FL. 33173</u>
<u>RD</u>	<u>ELIAS D. LOPEZ</u>	<u>9301 SW 72ND ST.</u>	<u>MIAMI, FL. 33173</u>

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/04 (305) 595-4272
Date Daytime Phone #

I INTERAMERICAN
I INSURANCE
S SERVICES, INC.

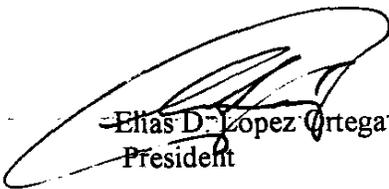
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Miami April 5th, 2004

2003 UBR

Dear Sirs,

I am enclosing an application for reinstatement fully completed, We did nt
received last year ²⁰⁰³ the notices to the colmpleted application ,you said were sent.
Iam also sending the filing fee of \$ 300,0 requested.


Elias D. Lopez Ortega
President