

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -8 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000054767

1. Corporation Name

Interplex, Inc.

2. Principal Office Address

4400 NW 19th Avenue

3. Mailing Office Address

4400 NW 19th Avenue

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33064

Country

USA

Zip

33064

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/2000

5. FEI Number

651015953

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

Denny Marin

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

4400 NW 19th Avenue

Suite, Apt. #, Etc.

Suite B

City

Pompano Beach

State
FL

Zip Code
33064

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

Denny Marin
REGISTERED AGENT MUST SIGN

Date

1/3/03

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
P	Naro Carrion	4400 NW 19th Avenue, Suite B	Pompano Beach, FL 33486
V	Denny Marin	4400 NW 19th Avenue, Suite B	Pompano Beach, FL 33486

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:

Denny Marin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/03

Date

(561) 999-9850

Daytime Phone #

CR2E081 (10/02)

95 118

Denny Marin, VP
INTERPLEX, INC.
4400 NW 19th Avenue, Suite B
Pompano Beach, Florida 33064
954-968-6567
FEI Number
651015953

January 3, 2003

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement of a For-Profit Florida Corporation (\$150.00) & Certificate of Good Standing (\$8.75).

Dear Sirs:

Our company was administratively dissolved in 10/02 for failure to file an annual report. We did not receive an Original Uniform Business Report for 2002. We ask that the late fees be waived and now submit our Reinstatement Form herein along with our \$150.00 payment in the form of a check made payable to the Florida "Division of Corporations."

Additionally, we request that a Certificate of Good Standing be sent to my attention to the above mailing address. For this Certificate we have enclosed our \$8.75 payment in the form of a check made payable to the Florida "Division of Corporations."

Should this letter and its contents be deficient in any way please contact the undersigned officer immediately. Thank you in advance for your prompt attention to this letter.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Denny Marin', is written over a horizontal line.

Denny Marin, Officer VP