

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -5 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000054767

1. Corporation Name

INTERPLEX, INC.

500025258435
12/05/03--01048--024 **8.75

500025258435
12/05/03--01048--023 **150.00

2. Principal Office Address

6700 North Andrews Ave.

3. Mailing Office Address

6700 North Andrews Ave.

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

2nd Floor

City & State

Fort Lauderdale, Florida

City & State

Fort Lauderdale, Florida

Zip

33309

Country

USA

Zip

33309

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)

6700 North Andrews Ave.

Suite, Apt. #, Etc.

2nd Floor

City

Fort Lauderdale

State

FL

Zip Code

33309

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 12/02/03

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
Pres.	Denny Marin	6700 North Andrews Ave., 2nd Floor	Fort Lauderdale, Florida 33309

REINSTATEMENT

3

TS

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

12/02/03

Date

954-202-6000

Daytime Phone #

CR2E081 (10/02)

Page 2

INTERPLEX, INC.

6700 North Andrews Avenue, 2nd Floor
Fort Lauderdale, Florida 33309

954-202-6000

FEI Number

651015953

Document Number

P00000054767

December 2, 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).

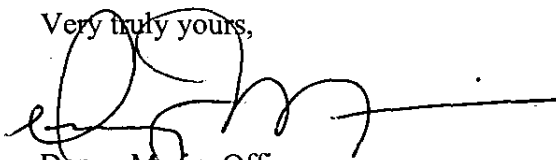
Dear Sirs:

Our company was administratively dissolved in 09/03 for failure to file an annual report. We did not receive an Original Uniform Business Report for 2003. 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." Please update all of our information including all contact, addresses and registered agent information.

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,



Denny Marin, Officer