

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 17 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000103886

1. Corporation Name

INTEGRATED FINANCIAL BROKERS INC

2. Principal Office Address

175 FONTAINEBLEAU BLVD

Suite, Apt. #, etc.

2K2

City & State

MIAMI, FL

Zip

33172

Country

MIAMI DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT
CR2E081(8/05)

03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/06/2000

5. FEI Number
651055306

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

MARCELO J. TORRES

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

175 FONTAINEBLEAU BLVD

Suite, Apt. #, Etc.

2K2

City

MIAMI

State
FL

Zip Code

33172

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 10-20-05

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
PD	MARCELO J. TORRE	175 FONTAINEBLEAU BLVD SUITE 2K2	MIAMI FL 33172

100061521761
11/17/05--01048--007 ***450.00

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

10-20-05 (305)229-1230

Date

Daytime Phone #

INTEGRATED FINANCIAL BROOKERS, INC
175 FOUNTAINBLUE BLVD
1GS
MIAMI, FL 33172

Miami, October 20th

CORPORATION REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATION

I, Marcelo J. Torres, through the present letter am letting The Florida Department of State know that I never received the form of the Annual Report for my company. Due to this issue I'm late on the payment and on my other obligations with The Florida Department of State, and I apologize for this matter. My corporation has been closed and I have already sent a payment for my penalties.


Marcelo J. Torres

President