


1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

06 NOV 27 11:18

DOCUMENT # P00000110002

1. Corporation Name

INTERMEDICA CORP

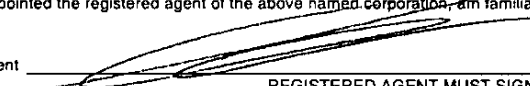
| | | | |
|---|---------------|----------------------------------|---------|
| 2. Principal Office Address 1934 PISCES TERRACE | | 3. Mailing Office Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State WESTON, FL. | | City & State | |
| Zip 33314 | Country US | Zip | Country |

REINSTATEMENT

| | |
|--|--|
| 4. Date Incorporated or Qualified To Do Business in Florida 11/27/2000 | |
| 5. FFL Number 65-1079840 | Applied For <input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

| | |
|--|-------------|
| 7. Name and Address of Current Registered Agent | |
| Name AURELIO A PIEDRA | |
| Street Address (P.O. Box Number is Not Acceptable) 9100 SOUTH DADELAND BLVD | |
| Suite, Apt. #, Etc. STE 912 | |
| City MIAMI | State FL |
| Zip Code 33156 | |

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.

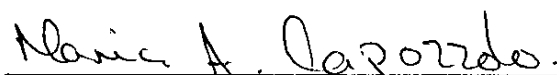
Signature of Registered Agent  Date **11-21-06**

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 |
| D | MARIA A CAPOZZOLO | 1934 PISCES TERRACE | WESTON, FL. 33314 |
| | | | |
| | | | |
| | | | |
| | | | |

100092084141
11/27/06--01045--017 **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 contained in Chapter 119, 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:  Date **11-21-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell NOV 27 2006

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November 21, 2006

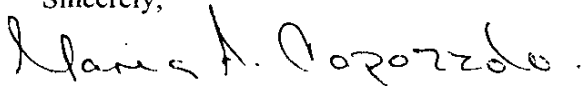
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Intermedica Corp
P00000110002

In reference to our telephone conversation attached you will find a reinstatement form along with a check in the amount of \$450.00. My corporation was dissolved in 2004 for non filing. Please note that I never received the notifications for years 2004, 2005, and 2006 from the state, therefore I was not aware of such requirement, I'm a foreigner and I'm not familiar with laws and regulations of the United States.

I would really appreciate if you can help me with this matter.

Sincerely,



Maria A Capozzolo
Director