

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PAH 10/20

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 20 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000049202

1. Corporation Name

INTER BOXES, INC.

2. Principal Office Address

8700 West Flagler Street

Suite, Apt. #, etc.

Suite 170

City & State

Miami, Florida

Zip

33174

Country

USA

3. Mailing Office Address

8700 West Flagler Street

Suite, Apt. #, etc.

Suite 170

City & State

Miami, Florida

Zip

33174

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 05/11/01

5. FEI Number

51-0469486

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

03/31/03 90182 007 184.00

7. Name and Address of Current Registered Agent

Name

BOUTET, NEY R

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

8700 WEST FLAGLER STREET

Suite, Apt. #, Etc.

SUITE 170

City

MIAMI,

State

FL

Zip Code

33174

300035780458
05/07/04--01092--010 **150.00

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

9. Name 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	BOUTET, NEY R	8700 West Flagler St. # 170	Miami, FL 33174

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

04/15/04

Date

305-262-1353

Daytime Phone #

CP25081 (01/04)

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INTER BOXES, INC.
8700 West Flagler Street
Suite 170
Miami, Florida 33174

April 15, 2004

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500
Re. Doc. # P01000049202
Annual Report 2004

Dear Sirs.

We are making the renewal of our corporation for the year 2004 and we have noticed that our corporation is inactive as last year due to the fact that the UBR form does not contain the Federal ID number. We called to your offices and the officer Mrs. Yula informed us that on April of 2003 your office sent a letter giving us 30 days to sent the FEI number, but we never got that letter.

Due to these facts, hereby we ask you to abate the penalty of reinstatement. And please find the check # 3667 for the amount of \$150.00 and the form UBR-2004.

If you have any questions, please feel free to contact us.

Sincerely,


NEY R. BOUTET
President