

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P01000051928

1. Corporation Name

INTICO CORPORATION

2009 AUG 14 A 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box #

430 GRAND BAY DR.

3. Mailing Office Address

P.O. Box 520635

Suite, Apt. #, etc.

APT. 403

Suite, Apt. #, etc.

F-20 (Peter Kuestermann)

City & State

Key Biscayne, FL

City & State

Miami, FL

Zip

33149

Country

USA

Zip

33152

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/01

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

100159602881
08/14/09--011208-01208**1808.75
01050 012

7. Name and Address of Current Registered Agent

Name
Peter Kuestermann

Street Address (P.O. Box Number is Not Acceptable)
430 Grand Bay Drive

Suite, Apt. #, Etc.
Apt. 403

City
Key Biscayne

State
FL

Zip Code
33149

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 08/12/09

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
Mrs.	Margarita Nieto, President	430 Grand Bay Dr., Apt. 403	Key Biscayne/FL/33149
Mr.	Peter Kuestermann, Secretary	430 Grand Bay Dr., Apt. 403	Key Biscayne/FL/33149

REINSTATEMENT

02-09/08

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/12/09

Date

305 322 3957

Daytime Phone #