

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 26 AM 7:30

DOCUMENT # P01000120913

1. Corporation Name

Interwealth Corp

000065563020
02/10/06--01006--012 **458.75

2. Principal Office Address
Luigi Caputo

Suite, Apt. #, etc.
#232

City & State
Winter Park

Zip Country
32789 Orange

3. Mailing Office Address
127 W. Fairbanks

Suite, Apt. #, etc.

City & State
FL

Zip Country

REINSTATEMENT

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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
Juan A. Gonzalez

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

Suite, Apt. #, Etc.
#232

City
Winter Park

State Zip Code
FL 32789

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 1/19/05

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
D	Luigi Caputo	127 W. Fairbanks #232	Winter Park, FL 32789

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

Date

Daytime Phone #

1/19/06 404 719 9135

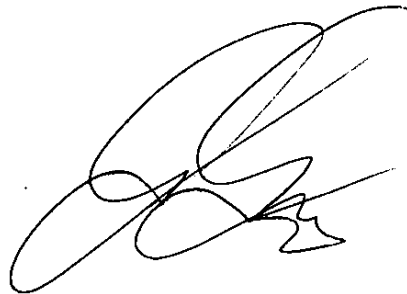
1/3/06

Orlando, 1/20/06

AT: DEPT OF STATE

CORPORATIONS REINSTATEMENT

WE DID NOT RECV REINSTATEMENT NOTICE
FOR THE COMPANY DOC.



John A. Gendron