

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 13 PM 1:45

DOCUMENT # P02000001191

1. Corporation Name

INTERSTATE & MULTISERVICE, CORP.

500037026725

05/24/04--01017--005 **1200.00

REINSTATEMENT 03-04

2. Principal Office Address

9949 NW 89TH AVE

Suite, Apt. #, etc.

BAY # 8

City & State

Miami, FL

Zip

33178

Country

USA

3. Mailing Office Address

9949 NW 89TH AVE

Suite, Apt. #, etc.

BAY # 8

City & State

Miami, FL

Zip

33178

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/03

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

Ricardo A. Olvarrieta

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

10800 N.W. 52ND ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

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

Ricardo A. Olvarrieta

REGISTERED AGENT MUST SIGN

Date

05-10-04

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	Ricardo A. Olvarrieta	10800 NW 52ND ST	Miami, FL 33178

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:

Ricardo A. Olvarrieta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05-10-04

Daytime Phone #

CR2E081 (01/04)

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND
THE REINSTATEMENT REPORT FORM ALONG WITH A CHECK
PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO
PROPERLY UP-DATE THE ABOVE MENTIONED
CORPORATION.

PLEASE BE ADVICE THAT FOR ANY REASON WE DID NOT
RECEIVE THE ANNUAL REPORT FORM FOR 2003 AND 2004.
AND PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS
CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY
LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS
MATTER IN THIS MATTER AND IF YOU SHOULD HAVE ANY
FURTHER QUESTION REGARDING THIS LETTER DON'T
HESITATE TO CONTACT US.

CORDIALLY,

A handwritten signature in cursive script, reading "Ricardo A. Olvarrieta". The signature is written in dark ink and is positioned above the printed name and title.

RICARDO A. OLVARRIETA
PRESIDENT