

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 15 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000040367

1. Corporation Name

INTRIQUE INVESTMENTS, INC.

REINSTATEMENT 03

200025482442  
12/15/03- 01010-016 \*\*158.75

2. Principal Office Address

506 SHORE DR W.

3. Mailing Office Address

506 SHORE DR. W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OLDSMAR FL

City & State

OLDSMAR FL

Zip

34677

Country

USA

Zip

34677

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

APR 02

5. FEI Number

03-0417930

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

SAMANTHA D. CHEEVER

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

5517 VAN DYKE RD

Suite, Apt. #, Etc.

City

LUTZ

State

FL

Zip Code

33558

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

*Samantha D. Cheever*  
REGISTERED AGENT MUST SIGN

Date 8 DEC 03

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
PRES	SAMANTHA D. CHEEVER	506 SHORE DR W.	OLDSMAR FL 34677
TREAS	RICHARD L. CHEEVER	506 SHORE DR W	OLDSMAR FL 34677

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:

*Samantha D. Cheever*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 DEC 03 (813) 843 9799

Date

Daytime Phone #

CR2E081 (10/02)