

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 6:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000060578**

1. Corporation Name

INTERPREX, CORP

2. Principal Office Address

1223 FAIRLAKE TRACE

Suite, Apt. #, etc.

820

City & State

WESTON, FL

Zip

33326

Country

US

3. Mailing Office Address

1223 FAIRLAKE TRACE

Suite, Apt. #, etc.

820

City & State

WESTON, FL

Zip

33326

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/03/2002

5. FEI Number

02-0617166

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

JIM MERWIN

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

1223 FAIRLAKE TRACE

Suite, Apt. #, Etc.

APT 820

City

WESTON

State

FL

Zip Code

33326

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

04/26/04

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	JIM, CHIMIN	1223 FAIRLAKE TRACE #820	WESTON, FL 33326
VD	JIM, MERWIN	1223 FAIRLAKE TRACE #820	WESTON, FL 33326

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

Date

04/24/04

Daytime Phone #

03-04

REINSTATEMENT

CR2E081 (01/04)

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April 26, 2004

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement
Company: Interprex, Corp
Document #: P02000060578

Dears Sirs

We are enclosing UBR filing fee and a Corporation Reinstatement application form.

The reason for our current INACTIVE status is because we never received the UBR form. We incorporated in June 2002 and moved to a permanent office early this year. It was until this month when we need to print out our articles of incorporation from your website when we noticed this problem with our status.

We respectfully request your consideration to reinstate to active the status of Interprex, Corp.

Sincerely,

Merwin Jim
Vice-President