

102
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 17 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000099234

1. Corporation Name

INTER ACTION, INC.

2. Principal Office Address

16909 N BAY ROAD

Suite, Apt. #, etc.

503

City & State

SUNNY ISLES, FL

Zip

33160

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

400037292964
05/25/04--01052--014 **300.00
REINSTATEMENT 03-04

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

09-13-2002

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

VALERIA C DA PAIXAO

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

16909 N BAY ROAD

Suite, Apt. #, Etc.

503

City

SUNNY ISLES

State
FL

Zip Code
33160

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**

Valeria C. Da Paixao

REGISTERED AGENT MUST SIGN

Date 05-14-2004

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	VALERIA C DA PAIXAO	16909 N BAY ROAD STE 503	SUNNY ISLES, FL 33160

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:

Valeria C. Da Paixao

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-14-2004

Date

Daytime Phone #

CR2E081 (01/04)

202

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 300.00 for the annual report fee with my application.

We did not receive the U.B.R., for the year 2003 and 2004, or any other notice from the Division of Corporations in respect with the Corporation **INTER ACTION., INC**

Thank you for your courtesy in this matter.

Valeria C. Da Paixao
VALEIRA C DA PAIXAO
PRESIDENT