

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000099990**

1. Corporation Name

INTERAM ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**10952 SOUTHWEST 3RD STREET, #E3
MIAMI FL 33174**

**10952 SOUTHWEST 3RD STREET, #E3
MIAMI FL 33174**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/2002

5. FEI Number

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DELGADO, MANUEL	10952 SOUTHWEST 3RD STREET, #E3	MIAMI FL 33174

8. Name and Address of Current Registered Agent

**DELGADO, MANUEL
10952 SOUTHWEST 3RD STREET, #E3
MIAMI FL 33174**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Manuel Delgado
REGISTERED AGENT MUST SIGN

Date

10/20/03

11. 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:

Manuel Delgado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/03

Daytime Phone #

CR2E040 (7/03)

INTERAM ENTERPRISES, INC.

10952 Southwest 3rd Street
Suite E 3
Miami, Florida 33174

October 21, 2003

FLORIDA DEPTMENT OF STATE
Glenda E. Hood/ Secretary of State
DIVISION OF CORPORATIONS
PO Box 6327
Tallahassee, Florida 32314

RE: INTERAM ENTERPRISES, INC.

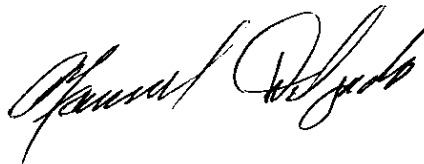
To Whom It May Concern:

Enclosed please find my application and payment of \$150.00 requesting reinstatement to "active status" for "Interam Enterprises, Inc."

I am asking that you waive the reinstatement fee as I did not receive the two (2) prior uniform business report (UBR) notices.

If you require more information, please feel free to contact me.

Sincerely,



MANUEL DELGADO
President/CEO