

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 NOV 16 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000137287

1. Corporation Name

Intelac Corp.

2. Principal Office Address - No P.O. Box #

4699 Cadiz Cir.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Zip

33418

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

Nov 14, 2003

5. FEI Number  
134269946

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  
Jonathan Parra

Street Address (P.O. Box Number is Not Acceptable)  
6001 SW 70th St.

Suite, Apt. #, Etc.  
Apt. 336

City  
South Miami,

State  
FL

Zip Code  
33143

The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 Nov 11, 2009

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.	Oswaldo Parra	4699 Cadiz Cir.	Palm Beach Gardens, FL 33418
V.P.	Martha Parra	4699 Cadiz Cir.	Palm Beach Gardens, FL 33418
Treas.	Jonathan Parra	6001 SW 70th St. Apt. 336	South Miami, FL 33143
Sec.	Stephanie Parra	4699 Cadiz Cir.	Palm Beach Gardens, FL 33418

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 contained in Chapter 119, 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

Jonathan Parra

Nov 11, 2009

Date

561-371-2620

Daytime Phone #