
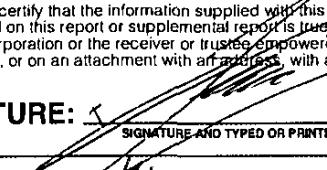


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000103419					
1. Entity Name INTERBEN CORP.					
Principal Place of Business 434 EAST TRINIDAD CLEWISTON, FL 33440 US			Mailing Address 434 EAST TRINIDAD CLEWISTON, FL 33440 US		
2. Principal Place of Business 309 CRANE ROOST Suite, Apt. #, etc.		3. Mailing Address 309 CRANE ROOST Suite, Apt. #, etc. #192			
City & State ROYAL PALM BEACH, FL		City & State MIAMI FL		4. FEI Number 20-1373770	
Zip 33411		Zip 33144		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HORN, CARLOS 434 EAST TRINIDAD CLEWISTON, FL 33440			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BENITEZ, IGNACIO ZONA INDUSTRIAL LA QUIZANDA 4TA TRANSVERSA VALENCIA, CA 2001		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600061913106 12/05/05--01061--007 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CHACON, MARCEL J ZONA INDUSTRIAL LA QUIZANDA 4TA TRANSVERSA VALENCIA, CA 2001		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			IGNACIO BENITEZ DIRECTOR		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 12/01/05 Daytime Phone #: 305/466-5187		

FILED
05 DEC -5 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11302005 REIN-P CR2E098 (6/04)