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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	FILED 07 MAY -2 PM 12: 54
DOCUMENT # P04000103419 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
INTERBEN CORP.		600102648716 05/16/0701040016 **300.00
2. Principal Office Address - No P.O. Box # 336 PARKWAY CT.	3. Mailing Office Address 11010 NW 30 ST.	RENSPARENTALINE
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite # 104-VLN373	4. Date Incorporated or Qualified To Do Business in Florida 07/12/04
City & State	City & State	5. FEI Number Applied For
GREEN ACRES, FL	MIAMI, FL Zip Country	20-1373770 Not Applicable
33413 ÜŠA	33172-5032 Country USA	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of	of Current Registered Agent	
HORN, CARLOS Street Address (P.O. Box Number is Not Acceptable) 336 PARKWAY CT. Suite, Apt. #, Etc. City GREEN ACRES State State 3 3 4 1 3		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 Date Page Page Page Page Page Page Page Pag		
9. Names and Street Addresses of Each Officer an	d/or Director (Florida nonprofit corporations must list at le	ast 3 directors)
Titles Name of Officers and for Directors	Street Address of Each Officer and/or Director	
D BENITEZ, IGNACIO	QUIDANDA 41A 1NA	ANSVERSA VALENCIA, CA 2001
D CHACON, MARCEL	J. ZONA INDUSTRIAL QUIZANDA 4TA TRA	
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 filling 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 senature shall have the same legal effect as if made under oath.		
SIGNATURE: Jauf the DIRECTOR 04/30/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

April 30, 2007

DIVISION OF CORPORATIONS P.O. BOX 1500 TALLAHASSEE, FL. 32302-1500

Ref. DOCUMENT # P04000103419

Dear Sirs:

We are filing Reinstatement of INTERBEN CORP. AND accompaning payment of two years 2006 and 2007. Prior year 2006 was not send timely because due to our change of address we didn't received the notice for filing. We sincerelly appreciate the reinstatement fee be waived.

Thanks for your attention,

my E.

INTERBEN CORP

Director.