

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 15, 2008 8:00 A.M.**  
**Secretary of State**

**DOCUMENT # P05000122762**

**1. Corporation Name**

INTERPRET-EARS CORP.

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

9703 S DIXIE HIGHWAY

Suite, Apt. #, etc.

204 C

City & State

MIAMI, FLORIDA

Zip

33156-2837

Country

USA

**3. Mailing Office Address**

PO BOX 1018

Suite, Apt. #, etc.

City & State

VALRICO, FLORIDA

Zip

33595-1018

Country

USA

**REINSTATEMENT** 06-08<sup>KS</sup>

CR2E081 (12/07)

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

09/06/2005

**5. FEI Number**  
20-3440188

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.

**7. Name and Address of Current Registered Agent**

Name

ALEXANDER C. FERNANDEZ JR.

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

9703 S DIXIE HIGHWAY

Suite, Apt. #, Etc.

204 C

City

MIAMI

State

FL

Zip Code

33156-2837

**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 **FEBRUARY 13, 2008**

**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
P	NATHALIE UGARTE	9703 S DIXIE HIGHWAY, # 204C	MIAMI, FLORIDA 33156-2837
M	ALEXANDER C. FERNANDEZ JR.	9703 S DIXIE HIGHWAY, # 204 C	MIAMI, FLORIDA 33156-2837
			800118135838 02/15/08--01025--004 **450.00
			800118135838 02/15/08--01025--005 **8.75

**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:**

NATHALIE URGATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/2008

Date

305.803.9639

Daytime Phone #