

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 MAR 21 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000017122

1. Corporation Name

INTERNAX USA, INC.

c/o 999 PONCE DE LEON BLVD

W0500000 1782

REINSTATEMENT 03-05

2. Principal Office Address

c/o 999 PONCE DE LEON BLVD

3. Mailing Office Address

c/o 999 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE 1100

Suite, Apt. #, etc.

SUITE 1100

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

MIAMI DADE

Zip

33134

Country

MIAMI DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0418786

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

ROBERT RABIN

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

7700 NORTH KENDALL DRIVE

Suite, Apt. #, Etc.

SUITE 509

City

MIAMI

State

FL

Zip Code

33156

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/27/05

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 |
|--------|--------------------------------------|---|------------------------|
| PSVP | RESTREPO, BEATRIZ | 999 PONCE DE LEON BLVD #1100 | CORAL GABLES, FL 33134 |
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REINSTATEMENT 03-05

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 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:

Beatriz Restrepo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-01-04

Daytime Phone #

Beatriz Restrepo

3-10-05