

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -6 PM 5:07

DOCUMENT # P94000014942

1. Corporation Name Intune Inc

2. Principal Office Address
4100 NE 2nd Ave

3. Mailing Office Address
4100 NE 2nd Ave

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.
202

City & State
Miami, FL

City & State
Miami, FL

Zip
33137

Country
USA

Zip
33137

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 2/21/1994

5. FEI Number
65-0471696

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
Scott Bloom

Street Address (P.O. Box Number is Not Acceptable)
100 Lincoln Rd #

Suite, Apt. #, Etc.
#339

City
Miami Beach

State
FL

Zip Code
33139

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 11/30/01

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
CEO	Joseph Risolia	5880 Collins Ave	Miami Beach, FL 33141
P	James A Walgreen	3653 Palmetto Ave	Miami, FL 33133

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)(l), 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

Date

Daytime Phone #

11/30/01

(305) 573-2820

CR2E081 (9/00)

The IntuneGroup, Inc.

4100 NE 2nd Avenue, Suite 202 • Miami, FL 33137 • Ph: 305-573-2820, 1-800-6-INTUNE • Fax 305-573-3546

To Whom It May Concern:

The purpose of this letter is regarding two Florida corporations of which I am a senior officer (see enclosed documents).

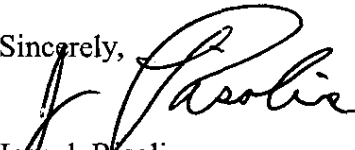
Several months ago my accounting department advised me that they had yet to receive documentation as to our Annual Business Reports. The senior department manager informed me that he had called on 2 separate occasions requesting said documents. However, nothing was ever received from your office. Two more requests were made to no avail.

Last month I was shocked when we received notification from your office stating that my companies had been dissolved (see enclosed documents). Said documents were sent without any information as to how this matter could be resolved. Therefore, I have taken it upon myself to retrieve the appropriate documents from the State of Florida website needed to reinstate said corporations (see enclosed documents).

I am enclosing our completed applications for both corporations along with the original filing fee of \$150.00 each. My legal department tells me that this is within my rights according to Florida Statutes regarding proper notification.

It is my hope that this will resolve the matter once and for all. If you have any questions please feel free to contact me at anytime. My direct phone number is 305-573-2820. Thank you and happy holidays.

Sincerely,



Joseph Rusolia
CEO