

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 24 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 940000 22724

1. Corporation Name

INTER FLOE SERVICES, INC.

Principal Place of Business

Mailing Address

3620 CYPRESS FERN WAY
CORAL SPRINGS, FL 33065

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
3620 CYPRESS FERN WAY

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
3620 CYPRESS FERN WAY

Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FLORIDA

Zip 33065 Country BROWARD

City & State
CORAL SPRINGS, FLORIDA

Zip 33065 Country Broward

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

3-24-94

5. FEI Number

65-0476873

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRESIDENT	MARIO FLOREZ	3620 CYPRESS FERN WAY	CORAL SPRINGS, FL 33065
SECRETARY	GLADYS ORJUELA	3620 CYPRESS FERN WAY	CORAL SPRINGS, FL 33065

9000003172069--2
-03/16/00--01025--007
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GLADYS ORJUELA
3620 Cypress Fern Way
CORAL SPRINGS, FL 33065

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

GLADYS ORJUELA

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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: GLADYS ORJUELA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-2000
Date

(954) 345-9600
Daytime Phone #