

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

96 NOV 18 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000034901**

1. Corporation Name

INTERBUSINESS CORP.

Principal Place of Business

21023 NE 34 PL
N MIAMI BEACH FL 33180-3585

Mailing Address

21023 NE 34 PL
N MIAMI BEACH FL 33180-3585

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

3012 NW 82 AVE

City & State

MIAMI - FLORIDA

Zip

33122

Country

USA

Suite, Apt. #, etc.

3012 NW 82 AVE

City & State

MIAMI - FLORIDA

Zip

33122

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/1994

5. FEI Number

65-0488082

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SARACENI, WILLIAM R	21023 NE 34 PL	N MIAMI BEACH FL 33180
D	SARACENI, WALDEMAR	21023 NE 34 PL	N MIAMI BEACH FL 33180
D	SARACENI, EVA	21023 NE 34 PL	N MIAMI BEACH FL 33180

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***383.75 ***383.75

JB1-9-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NELSON, GARRY
801 BRICKELL AVE
9TH FLOOR
MIAMI FL 33131-2900

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

[Signature of Garry Nelson]

GARRY NELSON
REGISTERED AGENT MUST SIGN

Date

11/7/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

[Signature of Waldemar Saraceni]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALDEMAR SARACENI

Date

10/03/96

Daytime Phone #

(305) 640 0666

CR-23040 (7/96)