

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

75

FILED

01 DEC 20 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000034901**

1. Corporation Name

**INTERBUSINESS CORP.**

Principal Place of Business

Mailing Address

3012 NW 82 AVE  
MIAMI FL 33122

3012 NW 82 AVE  
MIAMI FL 33122

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/09/1994

5. FEI Number

65-0488062

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 2001**

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 3	City / State / Zip 4
D	SARACENI, WILLIAM R	<del>21023 N W 82nd Ave</del> 3012 N W 82nd Ave	<del>MIAMI BEACH FL 33186</del> Miami FL 33122
D	SARACENI, WALDEMAR	<del>21023 N W 82nd Ave</del> 3012 N W 32nd Ave	<del>MIAMI BEACH FL 33186</del> Miami FL 33122
D	SARACENI, EVA	<del>21023 N W 82nd Ave</del> 3012 N W 32nd Ave	<del>MIAMI BEACH FL 33186</del> Miami FL 33122
D	Saraceni Wagner R	3012 N W 82nd Ave	Miami FL 33122
			900004880249--1
			-02/05/02--01047--004
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~NELSON, GARRY~~  
~~801 BRICKELL AVE~~  
~~8TH FLOOR~~  
~~MIAMI FL 33131-2900~~

Name

Wagner R Saraceni

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

3012 N W 32nd Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33122

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

*Wagner R Saraceni*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date Dec 13 01

Wagner R Saraceni

11. 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

Date

Dec 13 01

Daytime Phone #

CR2E040 (8/01)