

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000004716

1. Corporation Name

INTERMEDIATE HOLDINGS, INC.

2. Principal Office Address

c/o Jay Solowsky, Esq.
150 W. Flagler St.

Suite, Apt. #, etc.
Suite 2000

City & State
Miami, FL

Zip
33130

Country
Miami-Dade

3. Mailing Office Address

c/o Jay Solowsky, Esq.
150 W. Flagler St.

Suite, Apt. #, etc.
Suite 2000

City & State
Miami, FL

Zip
33130

Country
Miami-Dade

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/19/95

5. FEI Number

65-0629603

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

JAY H. SOLOWSKY, ESQ.

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

150 W. Flagler St., Suite 2000

Suite, Apt. #, Etc.

Miami, FL 33130

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date **March 21, 2001**

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
PD	De Cloedt, Jean	150 W. Flagler St., #2000	Miami, FL 33130
VD	De Cloedt, Jean	150 W. Flagler St., #2000	Miami, FL 33130
STD	De Boever, Pierre	150 W. Flagler St., #2000	Miami, FL 33130
JV	Jay Solowsky	150 W. Flagler St., #2000	Miami, FL 33130

REINSTATEMENT 00-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jay H. Solowsky, Asst. Vice President

T. LEWIS APR 5 2001
3/21/01 305-371-2223
Date Daytime Phone #

CR2E081 (9/00)