PLEASE READ	ALL INST	TRUCTIONS	BEFORE C	OMPLET	ING THIS FORM	π <b>n</b>		
APPLICATION FLORIDA DEPARTME			NT OF STATE	AND				
FOR TEINSTATEMENT	<u> </u>	Secretary of	tate					
	D	IVISION OF CORPO	RATIONS	-	1997 JUL 28 A	11 8: 21		
1. Corporation Name				SECHETARY OF STATE TABLAMASSEC, PLORIDA				
Interlink America, Inc.					14 1500			
Principal Place of Business Mailing Address								
355 East Monroe Street Same				ļ				
Jacksonville, FL 32202								
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								
New Principal Office Address, If Applicable 3. New Mailing Office Address.					orated or Qualified less in Florida			
Sulte, Apt. #, etc.	Suite, Apt. #,	etc.		5. FEI Number	anuary 23, 199		od For	
City & State	City & State			59-331			Applicable	
Zip Country	Zip	Countr	Y		CATE OF STATUS DESIRED S8.75 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)  Name of Officers  Street Address of Each								
Title(s) and/or Directors	Of	icer and/or Director se Post Office Box N		City / St	late / Zip			
P,T Gary L. Schreier		onroe Stre	et.	Jacksonville,	Florida	32202		
VP,S David H. Peek		place Blvd		Jacksonville,	Florida	32207		
				8000002258448				
				-08/05/3701035003 ****165.00 ****165.00				
	- DI				EINSTATEMENT			
		KEIN 5			41 CIAICIA I	Alm		
				8000022564466				
Name and Address of Current Registered Agent     Name				9. Name and A	ddress of New Peristaned	11.003==0.1 14.003==0.1	<b></b> 00	
David H. Peek			David H. Peek Street Address (P.O. Box Number is Not Acceptable)					
1301 Riverplace Boulevard Suite 1609			1301 Riverplace Boulevard Sulte, Apt. #, Etc.					
Jacksonville, Florida 32207			Suite 1609 City State Zip Code					
Jacksons  10. 1, being appointed the registered agent of the above napled corporation, am familiar with and accept the ob-					n 607.0505, F.S.	Zip Code 32207		
Signature of Registered Agent Date 7/12/97 REGISTERED AGENT MUST SIGN								
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X 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 filling 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 by signature shall have the same legal effect as if made under oath.								
SIGNATURE: SIGNATURE AND TYPES OF SIGNING OFFICER OR DIRECTOR Dayline Phone #								