

PLEASE-READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 11 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PA5000008497*

1. Corporation Name

Interlink America, Inc.

2. Principal Office Address

570 South Ellis Road

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32254

Country

USA

3. Mailing Office Address

570 South Ellis Road

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32254

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/95

5. FEI Number

59-3310113

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

David H. Peek

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

1301 Riverplace Boulevard

Suite, Apt. #, Etc.

Suite 1609

City

Jacksonville

State
FL

Zip Code

32207

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

David H. Peek

Date **1/10/2001**

REGISTERED AGENT MUST SIGN

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
P/D	SWETT, Donald E.	570 South Ellis Road	Jacksonville, FL 32254
VP/D	WHITCHER, Rick	570 South Ellis Road	Jacksonville, FL 32254
S/D	David H. Peek	1301 Riverplace Boulevard Suite 1609	Jacksonville, FL 32207

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:

David H. Peek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/2001

Daytime Phone #

904-399-1609