

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

PA5000056498

1. Corporation Name

Interframing INC.

2. Principal Office Address

5348 Brownell St

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip Country

32810 USA

3. Mailing Office Address

5348 Brownell St.

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip Country

32810 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1995

5. FEI Number

59-3323873

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

Louis Larochele

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

5348 Brownell St.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32810

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

Louis Larochele

REGISTERED AGENT MUST SIGN

Date

08/08/00

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
Pres.	Louis Larochele	5348 Brownell St,	Orlando, Florida, 32810
			KE

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:

Louis Larochele

LOUIS LAROCHELLE

Date

08/08/00

Daytime Phone #

407 293-3278

CR2E081 (9/99)