PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000064385

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

INTERKRAF ENTERPRISES CORP

Principal Place of Business	Mailing Address
312 NE 211 TERR MIAMI FL 33179	312 NE 211 TERR MIAMI FL 33179

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
245, SE 1st STREET	
Suite, Apt. #, etc. 419	Suite, Apt. #, etc.
City & State MIAMI FL	City & State
Zip 33131 Country USA	Zip Country

4. Incorporated or Qualified to Business in Florida: 08/21/1995

5. Number: 65-060-5879 — Applied For / Not Applicable

6. INDICATE STATUS DESIRED — $8.75 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 ...)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD	DE MELLO SANTOS, EDISON	312 NE 211 TERR	MIAMI FL 33179
VTD	SANTOS, LEONARDO M	312 NE 211 TERR	MIAMI FL 33179

700002014587--9
-11/26/96--01112--011
****375.00 ****375.00

11/25/96

8. Name and Address of Current Registered Agent

DE MELLO SANTOS, EDISON
7925 NW 12 ST
SUITE 324
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ... pursuant to Section 607.0505, F.S.

Signature of Registered Agent _____ Date 11/19/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes: Yes ☐ 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 ... 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 ... requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names ... individuals listed on this form do not qualify ... under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my ... will have the same legal effect as if made under ...

SIGNATURE: _____ Date _____ (305)949-6892 Daytime Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR