

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000064385**

1. Corporation Name

INTERKRAF ENTERPRISES CORP

Principal Place of Business Mailing Address

245 SE 1ST STREET
#419
MIAMI FL 33131

312 NE 211 TERRACE
MIAMI FL 33179

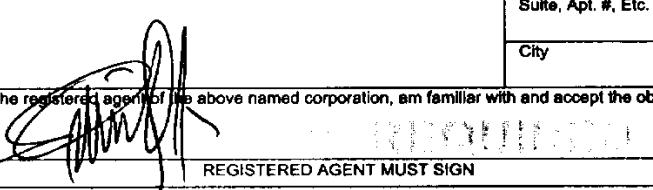
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 08/21/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0805879
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSD	DE MELLO SANTOS, EDISON	312 NE 211 TERR	MIAMI FL 33179

500003065085--2
-12/09/99-01038-006
****150.00 ****150.00

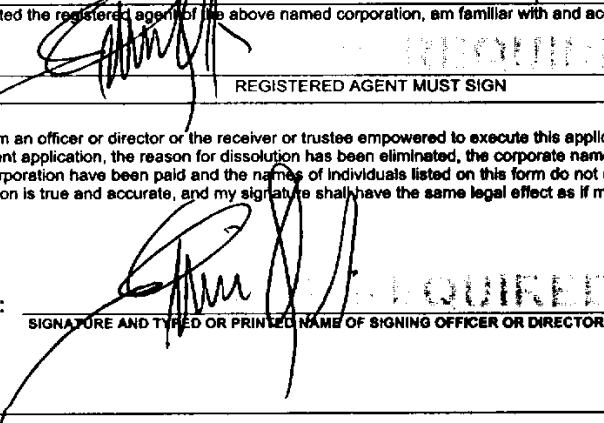
8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DE MELLO SANTOS, EDISON 7925 NW 12 ST SUITE 324 MIAMI FL 33126	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City FL State FL Zip Code
10. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.	
Signature of Registered Agent 	Date _____
REGISTERED AGENT MUST SIGN	

CR2500 (8/98)

11. 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)(l), 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.

KE

SIGNATURE:

 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Interkraf Enterprises Corp
312 NE 211 Terrace
Miami, Fl 33179

November 29th, 1999

Florida Department of State
Secretary Of State
Division of Corporations
Annual Report/Reinstate Section
P O Box 6327
Tallahassee, Fl 32314-6327

Att: Mr. Toiron

Dear Sir:

As per our telephone conversation we are enclosing you a money order for the amount of \$ 150.00 dollars.

Please be advised as mentioned on the phone, we have renewed our corporation every year on the year but this particular year (1999) we did not received the annual report., so, therefore we are pleading you to absolve the penalty charges.

Please if you have any question do not hesitate to contact us.

Truly yours,

Edison De Mello Santos
President