PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 NOV 17 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000067945**

1. Corporation Name

INTERASIA, INC.

Principal Place of Business	Mailing Address
PO BOX 8387 NAPLES FL 33941	PO BOX 8387 NAPLES FL 33941

REINSTATEMENT 97

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 09/01/1995

5. FEI Number: 650-72-5231 APPLIED FOR ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF 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 directors)

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
D/P	BLACK, PRISCILLA M. C	PO BOX 8387 N/A	NAPLES FL 33941
T/D	ESPINOSA, FLORA B	3131 58TH ST. S.W.	NAPLES FL 34116
S/D	BERNADETTE GULAPA	3140 58th ST. SW	NAPLES, FL 34116
C/D	JOHN H. STEPHENS	3131 58th ST. SW	NAPLES, FL 34116
D	THAO BELLANDE	916 EGRETS RUN	NAPLES, FL 33963

11-17-97

8. Name and Address of Current Registered Agent

ROGERS, ROBERT F
3001 TAMIAMI TRAIL, NORTH
NAPLES FL 33941

9. Name and Address of New Registered Agent

Name: JUDITH E. MCCAFFREY
Street Address (P.O. Box Number is Not Acceptable): 5811 PELICAN BAY BOULEVARD
Suite, Apt. #, Etc.: SUITE 206-A
City: NAPLES | State: FL | Zip Code: 34108

CR2E040 (8/97)

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

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN

Date 11/6/97

300002352085--8
-11/13/97--01082--012
*****150.00 (See other side for information on intangible tax) 150.00

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐

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 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: PRISCILLA M. BLACK — 11-6-97 — (941) 643-9839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #