

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 17 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000015601

1. Corporation Name

Inter Dom, Inc.

2. Principal Office Address

11680 N.W. 23 STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Zip

Country

Zip

33065

Country

USA

REINSTATEMENT

97100

**4. Date Incorporated or Qualified
To Do Business in Florida**

2-16-1996

5. FEI Number

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

Omar Severino

900003222229-2

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

11680 N.W. 23 St.

-04/25/00-01013-023

***1200.00 ***1200.00

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

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

[Signature]

REGISTERED AGENT MUST SIGN

Date Apr 14, 2000

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
PD	SEVERINO, OMAR	11680 NW 23 ST.	Coral Springs, FL 33065
STD	SEVERINO, SANTIAGO	11392 ROYAL PALM BLV.	Coral Springs, FL 33065
			900003222229-2 -04/25/00-01013-024 *****8.75 *****8.75

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:

[Signature]

Omar Severino

Apr 14, 2000 (305) 436-4484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR2E081 (9/99)