

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB -1 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000024950

1. Corporation Name

INFORMATION LINK CORP.

2. Principal Office Address - No P.O. Box #

3545 NW 71st St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33147

Country

USA

3. Mailing Office Address

3545 NW 71st St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33147

Country

USA

REINSTATEMENT 03-07

4. Date Incorporated or Qualified
To Do Business in Florida 03/15/1996

5. FEI Number
650965465

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

Corporate Creations Network Inc.

Street Address (P.O. Box Number is Not Acceptable)
11380 Prosperity Farms Road

Suite, Apt. #, Etc.
#221E

City
Palm Beach Gardens

State
FL

Zip Code
33410

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Taide Baez, Vice President
REGISTERED AGENT MUST SIGN

Date 01/30/2008

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
D	Emilio Jara	3545 NW 71st St.	Miami, FL 33147
P	Emilio Jara	3545 NW 71st St.	Miami, FL 33147
S	Emilio Jara	3545 NW 71st St.	Miami, FL 33147
T	Emilio Jara	3545 NW 71st St.	Miami, FL 33147

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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 contained in Chapter 119, 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:

Emilio Jara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/08

Date

(561) 694-8107
Daytime Phone #

by A Howard as
att in fact