

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 JUL -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P# 96000035905**

1. Corporation Name

Glamour Sol., Inc.

100006232481--8

-07/05/02--01083--005

****915.00 ****915.00

2. Principal Office Address

231 SW 21 Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

231 S.W. 21 Rd.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33129

Country

U.S.A.

Zip

33129

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

4/22/96

5. FEI Number

65-0672521

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

Carlos E. Leon

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

231 S.W. 21 Rd.

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33129

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

Carlos E. Leon

Date

4/21/2002

REGISTERED AGENT MUST SIGN

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
President	Carlos E. LEON	231 SW. 21 Rd.	Miami FL 33129
Vice President	Catherine McElrath	231 SW. 21 Rd.	Miami FL 33129

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:

Carlos E. Leon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2002

Date

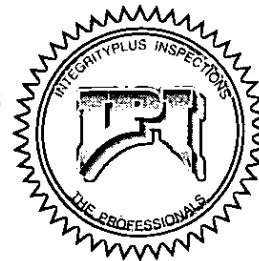
305-856-4088

Daytime Phone #

CR2E081 (9/01)

IntegrityPlus

REAL ESTATE INSPECTIONS



To who it may concern

We never received the forms to file, we moved our present address is 231 SW 21 Rd Miami
Florida 33129.
please waive the \$600.00 penalty

Thank you

Carlos Leon

VARGAS, PIEDRA & CO.

CERTIFIED PUBLIC ACCOUNTANTS

MEMBERS
AMERICAN AND FLORIDA
INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

SUITE 516
LE JEUNE CENTRE
780 N.W. LE JEUNE ROAD
MIAMI, FLORIDA 33126
TELEPHONE
(305) 443-7122

June 28, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: INTERMEDICA, CORP.
DOCUMENT NO. P00000110002

Enclosed you shall find a check in the amount of \$300.00 for the reinstatement of the above-mentioned company. The president and owner of the company was out of the country and never received or was notified of the annual report for the company.

Please waive the late charge fee that were applied to the company and reinstate accordingly.

Sincerely,



Aurelio A. Piedra, CPA

AAP/dci
11/11/02
11/11/02
11/11/02