PREASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION FLOR	RIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	FIL.ED 07 DEC 11 PH 1:17
DOCUMENT # P96 000056879 1. Corporation Name		SECHLAHASSEE, FLORIDA
INTERAMERICAN TO		
104 CRANDON Blud. R	ailing Office Address D. Box 49/075 Apt. #, etc.	CR2E081 (1/07)
319		4. Date Incorporated or Qualified To Do Business in Florida 07/05//99/
City & State KEY BISCAYNE FLA. K	State EY BISCAYNE FLA	5. FEI Number Applied For
Zip 33149 Country J.S.A. Zip 3	3149 Country V.S.A.	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name CRISTINA LORIDO PUTNIES		The reinstatement fee is imposed, except in
Street Address (P.O. Box Number is Not Acceptable) /O4 CRANDON BIVD		circumstances which the entity did not receive the prior notices. By checking this box, you
Suite, Apt. #, Etc. 3/9		are certifying the prior notices were not received and requesting the reinstatement
City KEY BISCAUNE State Zip Code 38/49.		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 Listing Jones Date 12/10/2007. 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 Street Address of Each Officers and/or Directors Officer and/or Director		City / State / Zip
P CRISTINA LORIDO PUENTES 104 CRANDON BIVD. KEY BISCAYNE, VP GEORGINA ALEMANY 104 CRANDON BIVD. #319 KEY BISCAYN		000 BUD KEY BISCALLE, FLA 33149
VP GEORGINA ALEMANY	104 CRANTON BL	D.#319 KEY BISCAYNE, FTA 3349
REINSTATEMENT 1207		
12月78年1月21日 12月78年1月21日 12月78日 12月78		
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 filling 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:		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

Department of State Division of Cosposations Document # 796-0000-56879 To whom it may concern, Cistina Lorido, president of Interamerican Import & Export Unc. am writing this letter to ask you to accept my payment for the 1998 armual report of the above mentioned corporation. I would like to state that this happened bleause & never received the notification did not advise me of that delt Therefore I am enclosing the feet for the three years, but am requesting that the state where the penalties for the late payment.