

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97-000013474

1. Corporation Name

Inter-American Industries USA, Inc.

99 FEB 26 PM 1:22

TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1191 E. Newport Centre Dr #209
Deerfield Bch Fl. 33442

REINSTATEMENT 08-991

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

4. Date Incorporated or Qualified
To Do Business in Florida

2/1/1997

Suite, Apt. #, etc

Suite, Apt. #, etc

5. FEI Number

65-0727644

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

SEE INSTRUCTIONS FOR REQUIRED
INSTRUCTIONS AND STATUS

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	Jesus Amaya	1191 E. Newport Centre Dr. #209 Deerfield Bch Fl 33442	(X)

3000002782768-9
03/03/99 01004-01
***908.75 ***908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Filings Inc.
2805 Little Deal Rd.
Tallahassee Fl. 32308

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Jesus Amaya

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.Yes ☒ No ☐(See other side for information
on intangible tax)

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.

Jesus Amaya

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-99 (954) 784-0753

Date

Daytime Phone #