

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 22 AM 11:52

DOCUMENT # **P97000029357**

1. Corporation Name

INTELSOFT INC.

2. Principal Office Address

25 SE 2nd AVE

Suite, Apt. #, etc.

313

City & State

MIAMI FL

Zip

33131

Country

USA

3. Mailing Office Address

25 SE 2nd AVE

Suite, Apt. #, etc.

313

City & State

MIAMI FL

Zip

33131

Country

USA

REINSTATEMENT

98-01

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1997

5. FEI Number

65-0742968

Applied For

SP
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

MARKEL OSCAR FERNANDEZ

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

422 NE 29 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33137

600004447326--6
-06/27/01--01021--026
*****1208.75 ***1208.75**

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

Markel O. Fernandez
REGISTERED AGENT MUST SIGN

Date

6/21/01

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
P	MARKEL O. FERNANDEZ	422 NE 29 ST	MIAMI FL 33137

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:

Markel O. Fernandez PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/21/01 (786)247-1980

Daytime Phone #