

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED NOV -8 PM 12: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P 97000048611					
1. Corporation Name Inter-Mediacion, Inc.					
2. Principal Office Address 3706 N. Ocean Blvd. Suite, Apt. #, etc. Suite 283 City & State Ft. Lauderdale, FL Zip 33308		3. Mailing Office Address 3706 N Ocean Blvd Suite, Apt. #, etc. Suite 283 City & State Ft. Lauderdale, FL Zip 33308		4. Date Incorporated or Qualified To Do Business in Florida June 3, 1997	
Country U.S.A.		Country USA		5. FEI Number 05-0774722	
6. CERTIFICATE OF STATUS DESIRED ☒				Applied For ☐ Not Applicable	
7. Name and Address of Current Registered Agent Name Hackley Serrone, P.A. Street Address (P.O. Box Number is Not Acceptable) 2200 North Commerce Parkway Suite, Apt. #, Etc. Suite 206 City Weston					
State FL Zip Code 33326					
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 Robizer A. Serrone Date 10.5.01 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		
P	Maria ERNEKE	3706 N. Ocean Blvd #283	FT. Laud, FL 33308		
VP	Nora A. Femenia	3706 N. Ocean Blvd #283	Fr. Laud, FL 33308		
S	Maria ERNEKE	3706 N. Ocean Blvd #283	FT. Laud, FL 33308		
D	Maria ERNEKE	3706 N. Ocean Blvd #283	Fr. Laud, FL 33308		
D	Jaroslav ERNEKE	3706 N. Ocean Blvd #283	FT. Laud, FL 33308		
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: Maria ERNEKE Date 10.31.01 Daytime Phone # 954 385-6774 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

C022081 (8/00)

M. KEIL HACKLEY*
ROBERT A. SERRONE**
SUMMER L. HACKLEY**

HACKLEY
IMMIGRATION & CONSULAR LAW
SERRONE

GRACE ANGELINI
Director, Visa Operations

MARIO HABIB
International Consultant

DAVID McDONALD
Of Counsel

November 5, 2001

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

Re: Inter-Mediacion, Inc., Doc # P97000048611

Gentlemen:

Enclosed please find an application for reinstatement and our check in the amount of \$1,208.75 for reinstatement of the above-captioned corporation. Please return any documentation to:

Robert A. Serrone, Esq.
Hackley & Serrone, P.A.
2200 North Commerce Parkway
Suite 206
Weston, FL 33326

(p) 954 349-4994 (f) 954 389-4195

Thank you for your prompt attention to this matter. If you have any questions, please do not hesitate to contact me.

Very truly yours,



Robert A. Serrone, Esq.
For the firm