

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

00 MAR -3 PM 12:20

DOCUMENT # P97000066989

**1. Corporation Name**

Interlbuyer, Inc.

900003164639--2  
-03/10/00--01007--004  
\*\*\*1050.00 \*\*\*1050.00

**2. Principal Office Address**

6135 SW 129 Court

Suite, Apt. #, etc.

1907

City & State

Miami Florida

Zip

33183

Country

USA

**3. Mailing Office Address**

same

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified  
To Do Business in Florida**

August 4, 1997

**5. FEI Number**

65-0771783

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$875 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 98-06

**7. Name and Address of Current Registered Agent**

Name

David Guerra

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

6135 SW 129 Court

Suite, Apt. #, Etc.

1907

City

Miami

State

FL

Zip Code

33183

**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

Date

2/20/2000

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/T/S	David Guerra	6135 SW 129 Ct. #1907	Miami, FL 33183

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/2000

Date

305-385-8025

Daytime Phone #