

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 16 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000103957

1. Corporation Name

INTERBUY EXPORT, INC.

REINSTATEMENT 03-04

2. Principal Office Address

8180 NW 36 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33147

Country

MIAMI-DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 12/10/97

5. FEI Number

65-0810991

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

900030564309
03/16/04--01050--026 **300.00

7. Name and Address of Current Registered Agent

Name

OLIVEIRA, SAMUEL C.

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

8180 NW 36 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33147

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

Samuel C. Oliveira
REGISTERED AGENT MUST SIGN

Date

3/3/04

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
DPST	OLIVEIRA, SAMUEL C.	8180 NW 36 AVENUE	MIAMI, FL 33147

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

Samuel C. Oliveira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/3/04

Daytime Phone #

CR2E081 (01/04)