

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 24 PM 12:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03-04

500028435765
02/23/04--01074--004 **150.00

500028435765
02/09/04--01058--011 **750.00

DOCUMENT # P98000031569

1. Corporation Name

Interlink Computer Services Corp.

2. Principal Office Address

24450 SW 162 Ave

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip

33031

Country

USA

3. Mailing Office Address

24450 SW 162 Ave.

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip

33031

Country

USA

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

04-06-98

5. FEI Number

65-0840751

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Juan Pablo Castro

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

24450 SW 162 Ave.

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33031

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

REGISTERED AGENT MUST SIGN

Date 12-19-03

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
PSTD	Juan Pablo Castro	24450 SW 162 Ave.	Homestead, FL 33031

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

12-19-03 (305)248-6142

Date

Daytime Phone #

CR2E081 (10/02)