	PLEASE RE	AD ALL INSTRUCT	AIS BEFORE C	OMPLETING THIS	FORM.	
, APPLICA C:		FLORIDA DEF <b>Cath</b>	ATT E M DI STATE	FILE	D	
DOCUMENT # <b>P98000039643</b>				99 NOV 17 PM 2: 02		
1 Corporation Name				OF CRETARY OF STATE		
INTERTRAK, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Busin	ness	Mailing Address	<del></del>			
C/O ALAN SANCHEZ 7201 SW 6TH STREET PLANTATION FL 33317		C/O ALAN SANCHEZ 7201 SW 6TH STREET PLANTATION FL 33317				
If above addresses ar	e incorrect in any way, l	me through incorrect information a				
2 to a Pain pul Office	Address, If Applicable	3. New Mailing Office Ad	New Mailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     05/01/1998	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. FEI Number	Applied For	
City & State		City & State		65-084857		
Zip	Country	Zφ	Country	CERTIFICATE OF STATUS DESI	RED 58.75 Additional Fee required for a Certificate of Status	
7. Names and Street A	ddresses of Each Office	er and/or Director (Florida nonprot	fit corporations must list at lea Street Address of Each			
Title(s)	and/or Directors Officer and/or 3		Officer and/or Director			
PM3 AM	N L da	UCMA- 7201	Su GAGT.	PLANE	may Fe zon	
-				-12/03	<b>0600513</b> /9901063017 50.00 ****150.00	
8. Na	me and Address of Co	rrent Registered Agent		9. Name and Address of New		
ZISKIND & ARVIN, P.A.				P.O. Box Number is Not Acceptable)		
444 BRICKELL AVENUE SUITE 905			Street Address (F	1201 km 6 87.		
MIAMI FL 33131  10 I, being appointed		ho of a constant and the constant and th	City	City State Zip Code FL 333/7 with and accept the obligations of Section 607.0505, F.S.		
Signature of Registered Age it	de la separation de la constantination de la	REGISTERED AGENT MUST	·	Date		
this reinstatement a owed by the corpora	pplication, the reason fo ation have been paid ar	or dissolution has been eliminated,	the corporate name satisfies in this form do not qualify for	the requirements of section 607.04 an exemption under section 119.0	F.S. I further certify that when filing to 1 or 617.0401, F.S., that all fees 7(3)(i), F.S. The information indicated	
SIGNATURE:	Q J	OR PRINTED NAME OF SIGNING OFF	ICER OR NIDECTOR	14/11/99	95478279SF	
•	SIGNATURE AND TIPED	ON PRINTED NAME OF SIGNING OFF	ICER OR DIRECTOR	Date	∪ауын <b>е ⊬</b> тюпе <b>#</b>	

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October 14th, 1999

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

Dear Sirs:

I received the enclosed notice of dissolution of my corporation InterTrak, Inc., this past week. And after reviewing the situation with my accountant, he advised me that he had failed to file the necessary paperwork and respective fee due to his motorcycle accident earlier this year.

I ask that you reconsider the penalty levied on the corporation due this unfortunate circumstance and I trust that you will accept it based on the above mentioned situation.

I have enclosed a check for \$150.00 per the direction of your personnel in Tallahassee.

Kindest Regards,

Alan L. Sanchez