

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 SEP 19 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # PA8000041368

1. Corporation Name

Inter-Buy, Inc.

2. Principal Office Address

3. Mailing Office Address

5728 Major Blvd., Suite

Same as block 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

213

City & State

City & State

Orlando, Florida

Zip

Country

Zip

Country

32819-7910

U.S.A.

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

05-07-98

5. FEI Number

59-3517376

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ricardo Borges Almeida

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

5728 Major Blvd.

700003413077-6

-10/04/00--01001--023

Suite, Apt. #, Etc.

213

\*\*\*\*900.00 \*\*\*\*900.00

City

Orlando, Florida 32819-

State

FL

Zip Code

32819-7910

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 9-15-00

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-D-T	Rogerio R. Dos Santos	5728 Major Blvd. Suite 213, Orlando, FL 32819-7910	
VP-S	Marcia R. Dos Santos	5728 Major Blvd. Suite 213, Orlando, FL 32819-7910	

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

9-14-00

Date

Daytime Phone #

KE

CR2E081 (9/99)