


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00/AUG.21 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|---|--|--|--|
| CORPORATION 1999 + 2000 UBR | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # PG80000065651 1. Corporation Name Intrastate of Florida, Inc. | | | |
| 2. Principal Office Address 4251 Gulfshore Blvd. Suite, Apt. #, etc. PH-B City & State Naples, Florida Zip 34103 | | 3. Mailing Office Address 4251 Gulfshore Blvd. Suite, Apt. #, etc. PH-B City & State Naples, Florida Zip 34103 | |
| 4. Date Incorporated or Qualified To Do Business in Florida July 27, 1998 | | 5. FEI Number 65-0864305 | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | \$8.75 Additional Fee required for a Certificate of Status | |

| | | |
|--|--|----------------------------------|
| 7. Name and Address of Current Registered Agent Name Antonio Fager Street Address (P.O. Box Number is Not Acceptable) 375 12 TH Ave S Suite, Apt. #, Etc. City Naples | | State FL Zip Code 34102 |
|--|--|----------------------------------|

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: [Signature] Date: 8/17/00

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 |
| Pres. | Steve Pint | 2808 Webster Ave S. | St. Louis Park, MN 55416 |
| Chairman | Michael Pint | 4251 Gulfshore Blvd. | Naples, FL 34103 |
| Sec. + Treasurer | Harry Youtsos | 6440 Flying Cloud Dr. #130 | Eden Prairie, MN 55344 |
| | | | |
| | | | |

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: Steve Pint 8-14-00 612-708-7841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2000
2001

August 14, 2000

Department of State
Divisions of Corporations
409 East Gaines St.
Tallahassee, FL 32399
850-487-6059

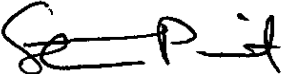
To Whom It May Concern:

The purpose of this letter is to ask for reinstatement of Intrastate of Florida, Inc. without the penalty. We did not receive the annual registration information as required for 1999 or 2000. It was sent to the wrong address. The correct address is:

4251 Gulfshore Blvd., PH-B
Naples, Florida 34103

I have included a check for \$300 for the annual registration fees for 1999 and 2000 (\$150 per year). Thank you for your consideration.

Sincerely,



Steve Pint
President