

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLE

FILED
Oct 17, 2001 8:00 A.M.
Secretary of State

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000069111

1. Corporation Name

INTERPRESS, INC.

2. Principal Office Address

245 SE 1ST STREET

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 311

City & State

MIAMI, FL

Zip

33131

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

8/7/98

5. FEI Number

65-0855340

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

MARTIN KALKAS

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

245 SE 1ST STREET

Suite, Apt. #, Etc.

SUITE 311

City

MIAMI

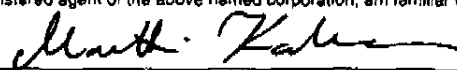
State

FL

Zip Code

33131

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


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.	MICHAEL DE LISIEUX	9102 BAY HARBOR DR #2AW	BAY HARBOR, FL 33154

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
 MICHAEL DE LISIEUX

10/25/01

Date

H01000109925

(305) 864-1377

Daytime Phone #

CR2001 19-00

Division of Corporations

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : KALKAS BUSINESS SERVICES
Account Number : I19980000015
Phone : (305)577-9716
Fax Number : (305)577-9718

CORPORATION REINSTATEMENT**INTERPRESS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00