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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED ATX1

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

DOCUMENT # ~~P98000069111~~ P98000069111

1. Corporation Name

INTERPRESS, INC.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
764 PONDELLA RD	P.O.BOX 101388
Suite, Apt. #, etc.	Suite, Apt. #, etc.
#154	
City & State	City & State
FORT MAYERS	CAPE CORAL FL
Zip / Country	Zip / Country
33903	33910

4. Date Incorporated or Qualified To Do Business in Florida: 6/7/1998

5. FEI Number: 65-0855340 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: MARTTI 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: Martti Kalkas Date: 2/10/03

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 / Street / Zip
PTS	MARTTI KALKAS	245 SE 1ST ST. SUITE 311	MIAMI, FL 33131

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.

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SIGNATURE: Martti Kalkas 2/10/03

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

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Florida Department of State
Division of Corporations
Public Access System

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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