

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 24 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000086686

1. Corporation Name

International Market Link, Inc.

2. Principal Office Address

4409 Dogwood Circle

Suite, Apt. #, etc.

City & State

Weston, Florida

Zip

33331

Country

USA

3. Mailing Office Address

4409 Dogwood Circle

Suite, Apt. #, etc.

City & State

Weston, Florida

Zip

33331

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/9/98

5. FEI Number

59-3538149

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

David A. Bacon, Esquire

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

2959 First Avenue North

Suite, Apt. #, Etc.

City

St. Petersburg

State
FL

Zip Code
33713

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

REGISTERED AGENT MUST SIGN

Date

6/14/02

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
DP	D Candido B. Gomez	4409 Dogwood Circle	Weston, FL 33331
SD	Leonor Gomez	4409 Dogwood Circle	Weston, FL 33331
T	Jose I. Gomez	394 Bermuda Springs Dr.	Weston, FL 33326

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

Date

Daytime Phone #

Candido B. Gomez - Pres

6/14/02 (954) 349-0734

CR2E081 (8/01)