


2004 AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -7 AM 8:00

CORPORATION [REDACTED]	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000089669

1. Corporation Name

INTERAMERICAN RESTAURANTS INC.

2. Principal Office Address

17040 COLLINS AVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH

Zip

FL

Country

33130

3. Mailing Office Address

17040 COLLINS AVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH

Zip

FL

Country

33130

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0888685

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

MARIA DEL CARMEN SOLIS

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

20301 W. COUNTRY CLUB DR. #442

Suite, Apt. #, Etc.

#442

City

MIAMI

State

FL

Zip Code

33180

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]

REGISTERED AGENT MUST SIGN

Date

4/3/04

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	MARIA DEL CARMEN SOLIS	17040 COLLINS AVE MIAMI FL 33160	MIAMI FL 33160

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/3/04

Daytime Phone #

CR2E081 (01/04)

NATP MEMBER

MFR & Associates

ACCOUNTANTS & CONSULTANTS

210 71ST STREET SUITE 313
MIAMI BEACH, FL 33141

TELEPHONE: (305) 864-7706
FACSIMILE: (305) 864-7960

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AICPA MEMBER

May 3, 2004

FL Dept. of State
Fl. Div. Of Corp.

RE: **Interamerican Restaurant Inc.**
Doc # P98000089669 2004AR

Dear Sir or Madam:

I am writing to you on behalf of **Interamerican Restaurant Inc.** to request a waiver of penalties associated with the ~~re~~instatement of this corporation. This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State.

Enclosed please find a copy of the form for the year 2004, we obtained from the internet and a check for \$150.00. The company has made a good faith effort to meet the state's filing requirements.

I thank you in advance for your help,

Sincerely,



Manuel Fernandez
Tax Advisor