| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. | | | |
|--|---|---|---|
| | RPORATION STATEMENT | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | FILED 01 JUL 26 PM 12: 08 |
| DOCUMENT # P990000 2980 | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| INTER-COMM Express, INC. | | | TALLAHASSEE, FLORIDA |
| 2. Principal Office Address 9101 NW 113 ST 8201 NW 46 | | 1 - | |
| Suite, Apt. # | <u> </u> | Suite, Apt. #, etc. | -4. Date Incorporated or Qualified |
| City & State | | SUI-TE 4 | To Do Business in Florida 0 (11 / 1999 |
| | eah GARDENS, FL | MIAMI, FL | 5. FEI Number Applied For |
| ^{Zip} 330 | 018 US | 33166 US | 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status |
| | 7. Name and Address of Current Registered Agent Name Caracacacacacacacacacacacacacacacacacaca | | |
| . \$ | GREGORIO, JAIME Street Address (P.O. 80x Number is Not Acceptable) NW 113 STREET RENSTATEMENT 200-6 | | |
| | 9101 NW 113 STREET WITH 2000-0 | | |
| : | city Hialeah G | ARDENS . | State Zip Code FL 33018 |
| 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. | | | |
| 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 Date Double 10/04/2001 | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors | | | |
| Titles | Name of Street Address of Each Officers and/or Directors Officer and/or Director | | |
| PV ST D | GREGORIO, JAIN | 16 9101 NW 113 | ST HIARAH GARDENS, FL 33018 |
| , | | | 600004540566 |
| | | | ****900.00 ****900.00 |
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| 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 filling 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: \$ 100 04 2001 (305) 505-9543 | | | |