PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION	,
FOR	
REINSTATEMENT	۲



P99000019003 **DOCUMENT #**

1. Corporation Name

INTERCO INC. U.S.A.

Principal Place of Business

1220 A 52ND ST

MANGONIA PARK FL 33407

Mailing Address

1220 A 52ND ST

MANGONIA PARK FL 33407

FILED SECRETARY OF STATE DIVISION OF CURPORATIONS

02 DEC 12 AM 8: 01



If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 3. New Mai Suite, Apt. #, etc. City & State City & State			Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 03/01/1999		
					5. FEI Numbe	- 5. FEI Number	
					65-0904605		Applied For Not Applicable
Zip Country		Zip	Zip Country		6.	\$8.75	Additional Fee requir
				,	CERTIFICATI	E OF STATUS DESIRED LJ for	a Certificate of Status
Names a	nd Street Addresses of Each Officer	and/or Director (Flo	orida nonprofit corpo	orations must list at	least 3 directors)		
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
D	SHEA, WILLIAM J 220 LAKE			DRE DR #P 7	DR #F T LAKE PARK FL 33403		
					90 10/31/	00087259 5 0201051013 *	99 *150.00
		***			7/15	02 40192 030	4 150.00
					90	 DOO872599	<u> </u>
					<u> </u>	DOO872599 02-01101-001 **	*200.00
8. Name and Address of Current Registered Agent					9. Name and	Address of New Registered Ag	ent
SHEA, WILLIAM J 1220 A 52ND ST MANGONIA PARK FL 33407				Name	s (P.O. Box Number	io Not Assessable)	-
					tc.	is Not Acceptable)	
				City			Zip Code
						FL	

11. I certify that I am an officer or director or the receiver of 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:

REGISTERED AGENT MUST SIGN