

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 31 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000030191

**1. Corporation Name**

INTERMEDIA GROUP, INC.

500012237705  
02/11/03--01003--022 \*\*1200.00

**2. Principal Office Address**

14057 SW 66 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33183

Country

USA

**3. Mailing Office Address**

14057 SW 66 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33183

Country

USA

**REINSTATEMENT**

00-03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/01/1999

**5. FEI Number**

65-0908194

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

MAYER WANCEJER

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

3601 NE 207TH ST, SUITE 1112

Suite, Apt. #, Etc.

City

AVENTURA

State

FL

Zip Code

33180

**8. I, being appointed to registered agent of the above named corporation, am familiar with and accept the obligations of section 0.0505 or 1.050, F.S.**

Signature of

Registered Agent

Mayer Wancejer

Date 01/28/03

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least three directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVST	ROBERTO C. PRIETO	14057 SW 66 TERRACE	MIAMI FL 33183

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in F.S. I further certify that in filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 0.001 or 1.001, 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 6.01(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

1-30-03

Daytime Phone #

305-698-1133

CR2E081 (10/02)

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