PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JUN 12 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P99000052120

1. Corporation Name

INTERMAN INC

REINSTATEMENT 01-02

Principal Place of Business	Mailing Address
201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES FL 33134	201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/09/1999

5. FEI Number: 650929049 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officer and/or Director	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	SALMAN, JUAN B.	201 ALHAMBRA CIRCLE	CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent

RAPPORT, STEPHEN R.
210 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: SALMAN JUAN
Street Address (P.O. Box Number is Not Acceptable): 201 ALHAMBRA CIRCLE
Suite, Apt. #, Etc.: SUITE 711
City: CORAL GABLES
State: FL Zip Code: 33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: _____ (REGISTERED AGENT MUST SIGN) Date: 06/11/2002

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director of the corporation 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: X _____ 06/11/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #