

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR -4 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P091000076054

1. Corporation Name

Interamerican P & G, Corp.

2. Principal Office Address

16243 SW

Suite, Apt. #, etc.

99th TERRACE

City & State

MIAMI FL 33196

Zip

33196

Country

USA

3. Mailing Office Address

16243 SW

Suite, Apt. #, etc.

99th TERRACE

City & State

MIAMI FL

Zip

33196

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1003227

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

01/24/01 90092 028 150.00

7. Name and Address of Current Registered Agent

Name

MAZZA-MARTINEZ, TANIA A MS

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

782 NW 42 Ave

Suite, Apt. #, Etc.

Suite 638

City

MIAMI

State

FL

Zip Code

33126

800004014038--8

04/17/01-01095-018

****150.00 ****150.00

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

03/03/01

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
PSD	PARRA, MYRNA	16243 SW 99th TERRACE	MIAMI FL 33196
D	ESCALANTE, CARLOS A	16243 SW 99th TERRACE	MIAMI FL 33196

REINSTATEMENT

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04/17/01-01095-019

*****8.75 *****8.75

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:

Carlos Alberto Escalante L.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/01
Date

(305) 401 3351
Daytime Phone #

CR2E081 (9/00)