

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 17 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000076054

1. Corporation Name

Interamerican P & G, Corp.

REINSTATEMENT 03

2. Principal Office Address

16848 SW 16 ST

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

8/23/1999

5. FEI Number

65-1003027

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

City & State

Pembroke Pines, FL

City & State

Zip

33027

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Carlos Escalante

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

16848 SW 16 ST

Suite, Apt. #, Etc.

200025544652

12/17/03-01009-029 **75.75

City

Pembroke Pines

State

FL

Zip Code

33027-1115

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 X

Date

12/2/03

REGISTERED AGENT MUST SIGN

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	PAIRA, MYRNA	16848 SW 16 ST	Pembroke Pines, FL 33027
D	Escalante, Carlos A	16848 SW 16 ST	Pembroke Pines, FL 33027

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/2/03 (954)

Daytime Phone #

CR2E081 (10/02)