

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 16 AM 9:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

P99000097054

INTERFINANCE CREDIT CORPORATION

2. Principal Office Address

801 Brickell Avenue

Suite, Apt. #, etc.

9th Floor

City & State

Miami, Florida

Zip

Country

33131

USA

3. Mailing Office Address

801 Brickell Avenue

Suite, Apt. #, etc.

9th Floor

City & State

Miami, Florida

Zip

Country

33131

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/3/99

5. FEI Number

65-1020391

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

Carlos Jiron

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

801 Brickell Avenue

Suite, Apt. #, Etc.

9th Floor

City

Miami

State

FL

Zip Code

33131

100003746691--8

~~02/22/01~~ ~~01008~~ ~~027~~

***908.75 ***908.75

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

Date

2/12/01

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
P/D	Carlos Jiron	801 Brickell Avenue 9th Floor	Miami, Florida 33131

10. I certify that I am an officer, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/12/01

Daytime Phone #

CR2E081 (9/99)