

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

00 JAN 31 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S82087 (5)

1. Corporation Name

INTERLINGUA INTERNATIONAL, INC.

2. Principal Office Address

9300 S. DADELAND BLVD.

3. Mailing Office Address

9300 S. DADELAND BLVD.

Suite, Apt. #, etc.

SUITE # 607

Suite, Apt. #, etc.

SUITE # 607

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33156

Country

US

Zip

33156

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/1991

5. FEI Number

65-0334568

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

LINEU C. VITALE

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

15001 SW 91 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33196

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

REGISTERED AGENT MUST SIGN

Date 01/27/00

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
D	VITALE, LINEU	15001 SW 91 TERRACE	MIAMI / FL / 33196
S	VITALE, GRACIELA	15001 SW 91 TERRACE	MIAMI / FL / 33196

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:

Lineu C. Vitale

01/27/00

305-670-5153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)



Interlingua International, Inc.
9300 S. Dadeland Blvd. Suite # 607
Tel: (305) 670-5153
Fax : (305) 670-5154
E-mail: grace@lvitale.com

Date: January 27, 2000
Attention To: Katherine Harris
Secretary of State
Florida Department of State
From: Lineu Vitale

Ref.: Interlingua International
Document # S82087

Dear Madam:

Please find enclosed my fee of \$ 308.75 for the last 2 years and certificate of status.

I understand I am entitled to a one-time reinstatement fee waiver. I didn't receive the filing forms for 1999 and 2000 because we moved to a new suite and I was not aware that the report is a "non-forward" type of mail.

Thank you for your help with this matter.

Sincerely,

Lineu C. Vitale
Vice-President