

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

03 MAR 10 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V43190**

1. Corporation Name

INTERINVEST CORPORATION

2. Principal Office Address

Henningerstr. 8
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 210908
Suite, Apt. #, etc.

City & State

Ingolstadt

City & State

INGOLSTADT

Zip

85049

Country

Germany

Zip

85024

Country

Germany

REINSTATEMENT 97-03

4. Date Incorporated or Qualified
To Do Business in Florida

06.11.1992

5. FEI Number

65 0341991

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

M. Michael Jarrouge

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

6701 SW. 114 Ave.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33173

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

MICHAEL JARROUGE

Date **1/22/03**

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
D	Michael Jarrouge	6701 SW 114 Ave	Miami, FL 33173
D	Larisa Salaskastilio	Henningerstr. 8	Ingolstadt, 85049

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:

M. Jarrouge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/03 (305) 271-8102
Date Daytime Phone #

CR2E081 (9/01)

3/10