

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR 28 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V53377

1. Corporation Name

INTERFAMA TRADING CORP.

Principal Place of Business

~~10912 SW 134TH PLACE~~

~~MIAMI FL, 33186~~

Mailing Address

~~10912 SW 134TH PLACE~~

~~MIAMI FL, 33186~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2050 N.W. 94TH AVENUE

Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

2050 N.W. 94TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FL,

Zip

33172

Country

USA

City & State

MIAMI FLORIDA,

Zip

33172

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-27-92

5. FEI Number

65-0348163

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

90-97

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S	MARCO VARSANO	10912 SW 134TH PLACE	MIAMI FL, 33186
V-P/T	MARIA DE FATIMA V. VARSANO	10912 SW 134TH PLACE	MIAMI FL, 33186

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-05/02/97--01113--003
***915.00 ***915.00

JB 4-29-97

8. Name and Address of Current Registered Agent

MARCO VARSANO
10912 SW 134TH PLACE
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/23/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 19.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

MARCO A. VARSANO

4/23/97 (205) 5937897

Date

Daytime Phone #

CR2E040 (12/95)