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
99 JAN 29 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000039927

1. Corporation Name

INTERNATIONAL GOLD IMPORT, INC.

Principal Place of Business	Mailing Address
36 N.E. 1ST STREET 740 MIAMI FL 33162	C/O ROSS TRAGER, CPA 1000 N. HIALUS RD. PEMBROKE PINES FL 33026 US

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
36 NE 1st Street	36 NE 1st Street
Suite, Apt. #, etc.: #740	Suite, Apt. #, etc.: #740
City & State: Miami, Fl.	City & State: Miami, Fl.
Zip: 33160 Country:	Zip: 33160 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 05/23/1994

5. FEI Number: 65-0493576 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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
~~D~~	~~SOMEK, MOSHE~~	~~3600 MYSTIC POINTE DR #1600~~	~~NORTH MIAMI BEACH FL~~
D	Somek, Moshe	1000 Island Blvd.	Aventura, Fl. 33160

300002766603---6
-02/05/99--01113--001
****150.00 ****150.00

300002766603---8
-02/05/99--01113--002
****150.00 ****150.00

B 2/2/29 98-99 FR

8. Name and Address of Current Registered Agent

GLINSKY, MICHAEL & COMP
2655 LE JUENE ROAD #1111
CORAL GABLES FL 33134

NEW ADDRESS →

9. Name and Address of New Registered Agent

Name: Michael Glinsky & Co., CPA
Street Address (P.O. Box Number is Not Acceptable): 169 East Flagler Street
Suite, Apt. #, Etc.: 1518
City: Miami
State: FL Zip Code: 33131

CR2E040 (9/98)

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 _____ Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [X] No ☐ (See other side for information on intangible tax.)

12. 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/98
Date

305 378-0140
Daytime Phone #