

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 APR 18 AM 11:29

DOCUMENT # **P96000026419**

1. Corporation Name

**INTERGROUP INC.**

Principal Place of Business

Mailing Address

~~7482 BRUNSWICK CR  
 BOYNTON BCH FL 33437~~

7482 BRUNSWICK CR  
 BOYNTON BCH FL 33437



**REINSTATEMENT**

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

2. New Principal Office Address, If Applicable  
**15 NE. 4 street**

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

~~03/20/1996~~

Suite, Apt. #, etc.

**B**

Suite, Apt. #, etc.

5. FEI Number

**65-0648737**

Applied For

Not Applicable

City & State  
~~DELRAY BCH FLA~~

City & State

Zip  
**33444**

Country  
**USA**

Zip

Country

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 3	City / State / Zip 4
P	QUIBANO, HUMBERTO	7482 BRUNSWICK CR	BOYNTON BCH FL 33437
VS	QUIBANO, LUZ X	7482 BRUNSWICK CR	BOYNTON BCH FL 33437

~~788004078217--2~~  
~~-04/25/01--01084--040~~  
~~\*\*\*\*900.00 \*\*\*\*900.00~~

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

QUIBANO, HUMBERTO  
 7482 BRUNSWICK CR  
 BOYNTON BCH FL 33437

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

*[Signature]*  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date **Feb 12/2001**

11. 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.

**AD**

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **HUMBERTO QUIBANO**

Date **Feb 12/01** Daytime Phone # **561/2988885**

CR2E040 (8/00)