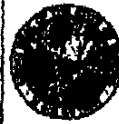


**2004 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 13 AM 8:00

DOCUMENT # PB6000042000
1. Entity Name
IFKG, INC.



Principal Place of Business
108 E HILLCREST ST
ORLANDO, FL 32801

Mailing Address
PO BOX 1789
ORLANDO, FL 32802-1789

REINSTATEMENT 04



2. Principal Place of Business
3. Mailing Address

State, Apt. #, etc. City & State

Zip Country Zip Country

11102004 REIN-P CR2E098 (8/04) *MRS*

4. FEI Number
59-3404504

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FINKBEINER, FRANK G
108 E HILLCREST ST
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW! FEE IS \$100.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	FINKBEINER, FRANK G	108 E HILLCREST ST	ORLANDO, FL 32801				
	PSTD	1528 FOX GLEN DRIVE	WINTER SPRINGS, FL 32708				

800043365768
12/13/04--01060--008 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 10 or Book 11 if changed, or on an attachment with an affidavit with all other fees empowered.

SIGNATURE: _____
Signature and Title of Registered Agent or Director

11/11/2004 407 423 0012