

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**

**Secretary of State**

**DIVISION OF CORPORATIONS**

**DOCUMENT # F98000001046**

1. Corporation Name

**IGC, INC. OF GEORGIA**

Principal Place of Business

Mailing Address

P.O. BOX 2208  
ROSWELL GA 30077

P.O. BOX 2208  
ROSWELL GA 30077

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**1294 Alphanta St Bldg Suite B**  
**Roswell Ga**  
**30075 Fulton**

4. Date Incorporated or Qualified To Do Business in Florida

**02/12/1998**

5. FEI Number

**58-2341103**

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PST	DAVIS, JOHN S	85 A MILL STREET, STE 210	ROSWELL GA 30075

700023446077  
09/30/03--01085--002 \*\*750.00

**REINSTATEMENT 02-04**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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. or 617.0505, F.S.

Signature of Registered Agent

*Mary R. Adams*

**MARY R. ADAMS**  
**ASSISTANT SECRETARY**  
REGISTERED AGENT MUST SIGN

Date

**10/24/03**

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.

SIGNATURE:

**SIGNATURE REQUIRED**  
*John S. Davis*  
**John S. DAVIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12/6/02**

Daytime Phone #

**770-642-4205**

*IGC Inc.*

P.O. Box 2208  
Roswell, GA 30077

*Hager*

4/13/04

Divisions of Corporations  
Attn: Tyron Scott  
PO Box 6327  
Tallahassee, FL 32314

RE: F98000001046

Dear Tyron,

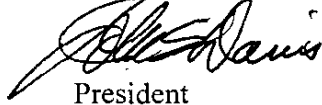
To the best of my knowledge no notices were received in 2002. Our check for reinstatement of \$750.00 was received and cashed by your office on 9/30/03. Please see included reinstatement application for proof.

We would like the late fees of \$300.00 to be waived and refunded to us.

If there is anything else that our company needs to do, please let us know.

Thanks for your help in this matter.

John S. Davis

  
President