

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 APR 13 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G37450

1. Corporation Name

INTERGLOBAL FLORIDA, INC ----FORMALLY KNOWN AS INTERGLOBAL, INC

2. Principal Office Address - No P.O. Box #

200 BALD CYPRESS CT

Suite, Apt #, etc

3. Mailing Office Address

200 BALD CYPRESS CT

Suite, Apt #, etc

City & State

LONGWOOD FL

City & State

LONGWOOD

Zip

32779

Country

USA

Zip

32779

Country

USA

400196846674

03/04/11--01030--006 **750.00

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 05/09/1983

5. FEI Number

592294793

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THIERRY BRUNSCHWIG

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

200 BALD CYPRESS CT

Suite, Apt #, Etc.

City

LONGWOOD

State

FL

Zip Code

32779

REINSTATEMENT 09-11

400196846674

04/14/11--01028--008 **300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607 0505 or 617 0503, F.S.

Signature of
Registered Agent

Date

2/28/11

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	THIERRY BRUNSCHWIG	200 BALD CYPRESS CT	LONGWOOD FL 32779
S	CORINNE BRUNSCHWIG	200 BALD CYPRESS CT	LONGWOOD FL 32779

10. E-mail Address: TERRY5B50@AOL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/2011

Date

407-256-9142

Daytime Phone #