

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # K87417

1. Corporation Name

IGC REALTY, INC.

Principal Place of Business

7331-33 N.W. 12TH STREET  
MIAMI FL 33128  
US

Mailing Address

21 VANDERVENTER AVENUE  
PORT WASHINGTON NY 11050

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/11/1989

Suite, Apt. #, etc.

21 VANDERVENTER AVE.

Suite, Apt. #, etc.

City & State

PORT WASHINGTON, NY

City & State

Zip  
11050-3710

Country

USA

Zip

Country

5. FEI Number

65-0118527

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 3	City / State / Zip 4
PS	CASAMASSIMA, MATTHEW E	21 VANDERVENTER AVENUE	PORT WASHINGTON NY 11050
T	CASAMASSIMA, EMANUEL J DECEASED	21 VANDERVENTER AVENUE	PORT WASHINGTON NY 11050
			800005282958--9 -04/16/02--01065--007 ***908.75 ***908.75
			REINSTATEMENT 01-02

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

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

*Patricia Pizzuto*  
REGISTERED AGENT MUST SIGN

Patricia Pizzuto  
Asst. Secretary

Date

4/03/2002

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:

*Matthew Casamassima*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

26 MAR 2002 516/883-8400

CR2E040 (8/01)