

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
FILED

07 APR 25 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400101360224  
05/03/07--01020--020 \*\*600.00

REINSTATEMENT 04-07

CR2E081 (1/07)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L89876

1. Corporation Name

IGP, INC.

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

200 S. Orange Avenue

3. Mailing Office Address

P.O. Box 1072

Suite, Apt. #, etc.

Suite 2600

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32801

Country

USA

Zip

32801

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/30/1990

5. FEI Number

593026381

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

Intrastate Registered Agent Corporation

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

200 S. Orange Avenue

Suite, Apt. #, Etc.

Suite 2600

City

Orlando, Florida

State

FL

Zip Code

32801

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*/s/ Glen Adams*

Date 4/20/07

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
PTD	ANDRE J. MUSTERT	JULIAN VAN STOLBERGLAAN 114	NAARDEN, HOLLAND
VD	RENE A. MUSTERT	GRIEND 6	HUIZEN, HOLLAND
SD	ANDRE B. MUSTERT	CORT VAN DER LINDENLAAN 16	NAARDEN, HOLLAND

10. 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 contained in Chapter 119, 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:

*/s/ Andre J. Mustert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/07*  
Date

Daytime Phone #