

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 MAY -3 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000085620

1. Corporation Name

IGK ENTERPRISES, INC.

Principal Place of Business

2101 CORPORATE BLVD.
SUITE 215
BOCA RATON FL 33431

Mailing Address

2101 CORPORATE BLVD.
SUITE 215
BOCA RATON FL 33431

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

09/05/2000

Suite, Apt. #, etc.

1689 N. HIATUS RD #263

Suite, Apt. #, etc.

City & State

PEW BROKE PINES

City & State

Zip

FL

Country

33026

Zip

Country

5. FEI Number

30-0005356

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
Pres	GREGOR KOTH	2230 NW 101 ter.	P. Pines, FL 33026

200005491182--9

05/08/02 01021 011

****308.75 ****308.75

8. Name and Address of Current Registered Agent

WARM, STEVEN ESQ.
2101 CORPORATE BLVD.
SUITE 215
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

GREGOR KOTH

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

1689 N. HIATUS RD #263

Suite, Apt. #, Etc.

PEW BROKE PINES

City

FL

State

FL

Zip Code

33026

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

REGISTERED AGENT MUST SIGN

Date

5/08/02

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.

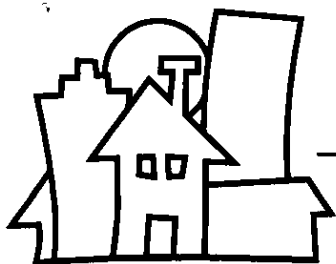
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/08/02



IGK Enterprises, Inc.

Member of



Better Business Bureau
Of South Florida



Greater Fort Lauderdale
Chamber Of Commerce

Date: 05/01/02

Department Of State
Division Of Corporations
409 East Gaines street
Tallahassee FL 32399

Re: Document # P00000085620

Gentlemen,

Please be advised that we were never received the form needed to file, due to the fact that our resident agent had moved and did not forward the form to us.

Enclosed please find our check for \$ 308.75 to cover our fees.

Sincerely


Gregor Kohn
President