

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 DEC 17 AM 9:15

DOCUMENT # P01000070285

1. Entity Name
I & G TRADING CORP.



Principal Place of Business
7040 S.W. 18TH ST.
PLANTATION, FL 33317

Mailing Address
7040 S.W. 18TH ST.
PLANTATION, FL 33317

REINSTATEMENT 04

2. Principal Place of Business

7040 SW 18th Street

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation FL

City & State

4. FEI Number

65-1124916

Applied For

Not Applicable

Zip

33317

Country

U.S.

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOYLE, ALLAN
175 FONTAINEBLEAU BLVD.
STE 1-B
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Type, typed or printed name of registered agent, and date if applicable. (If not, Registered Agent signature required when reinstating)

Allan Doyle 12/15/04

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GONZALEZ, IRMA
STREET ADDRESS 7040 S.W. 18TH ST.
CITY-ST-ZIP PLANTATION, FL 33317

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

600042607946
11/09/04--01075--020 **150.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Irma Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/02/04

Date

(941) 682-5080
Daytime Phone #