PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 12 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000069956

1. Corporation Name
INOTGON CLOSING SERVICES, INC.

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
245 N OCEAN DR	245 N OCEAN DR.
Suite, Apt. #, etc. 305	Suite, Apt. #, etc. 305
City & State Deerfield Beach, FL	City & State Deerfield Beach, FL
Zip 33441 Country USA	Zip 33141 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 6/25/02

5. FEI Number 45-0480665 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: ADAM MISHCON

Street Address (P.O. Box Number is Not Acceptable): 2569 TIGERTAIL AVE

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33133

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Date 11/12/03

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P/S	ADAM MISHCON	2569 TIGERTAIL AVE	MIAMI, FL 33133
D	SCOTT OSBORN	245 N. OCEAN DR, #305	DEERFIELD BEACH FL 33441

10. I certify that I am an officer or director of the reorganized corporation or otherwise 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: _____ 11/12/03 3059039200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

cr2e036 (10/03)

TOTAL P.02

Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT

INDIGON CLOSING SERVICES, INC.

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