

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR 28 AM 8:27

CR2E081 (12/07)

DOCUMENT # P03000061801

1. Corporation Name

IDG Enterprises, Inc.

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

11340 NE 8th Court

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 530308

Suite, Apt. #, etc.

City & State

Biscayne Park, FL

City & State

Miami, FL

Zip

33161

Country

USA

Zip

33153-0308

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/2003

5. FEI Number

☒ 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

Ian Greenberg

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

11340 NE 8th Court

Suite, Apt. #, Etc.

City

Biscayne Park

State

FL

Zip Code

33161

☐ 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

Ian D. Greenberg

Date 01-17-2008

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
P	Ian Greenberg	11340 NE 8th Court	Biscayne Park, FL 33161
V	Dawn Greenberg	11340 NE 8th Court	Biscayne Park, FL 33161

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REINSTATEMENT 06-08

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:

Ian D. Greenberg
- President

03-05-2008

954.895.8504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #