2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000094344 1. Entity Name INTER GLOBE TELECOMMUNICATION CONSULTANTS, INC.					FILED 06 NOV 28 21 4:37		
Principal Place of Business Mailing Address					00 100	2 4	•
1130 SPANISH RIVER ROAD BOCA RATON, FL 33432 US BOCA RATON, FL 33432				Wh.	SEC: TALLAN	· •	Si.
2. Principal Place of Business 3. Mailing Address 16026 ROSE CROST 16026 ROSECROST							
Suite, Apt. #, etc. TERRACE Suite, Apt. #, etc. T				(C 1,535,000)	STATE	C12E090 (11/08)	006 MOP
DELR		City & State DELRAY BEF	KH. FL	4. FEI Numb 20-017		<u> </u>	plied For at Applicable
Zip Country REACH 33 4-46 PA 6. Name and Address of Current Registered Agent				ALL L	of Status Desired Address of New Reg	\$8.75 Add Fee Require	
Name O							
POSNER, BERNARD 1130 SPANISH RIVER ROAD BOCA RATON, FL 33432				VOSWER DERNARD I Address (P.O. Box Number is Not Acceptable) A O 2 Lo ROSE CROFF TERRACE			
City DC 1 Co 143 El Zip Gode 1 1							
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 Signature, typed or physical name of registered apport and title of adjointable (NOTE: Registered Agent eignature required when reinstatting) UATE							
FILE NOWIII FEE IS \$150.00 After January 1, 2007, 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 DIRE	CTORS	11.	ADDITIONS	/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11
TITLE NAME	P DOSNED REDNADO	☐ Delete	TITLE NAME		\cap	Change	Addition
STREET ADDRESS				16026	YOSE LADI	FILERA	ACE
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	DELRAY	BEACH!	FL 334	46	
TITLE	V	Delete	TITLE		^	☐ Change	Addition
NAME STREET ADDRESS	G. MICHAEL MARRA 1130 SPANISH RIVER ROAD	NAME Street Address	16026	(305E 400	OF TEN	NACE	
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	DELRAY	(DEDCH	FL 33	446	
IIILE		☐ Delete	MILE		• 20219 = 11	☐ Change	Addition
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NAME		그 17610(8	NAME			ப் பங்க	
STREET ADDRESS	_	STREET ADDRESS					
CITY-ST-ZIP	Coutifu that the information or maliad It has	iling does not qualify for the	CITY-ST-ZIP	natained in Chapter 11	Deside State 14	without appoint the state of	documenties =
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental reportistrue 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 of the receiver or trustee employered 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.							
of the co- changed	f on this rebott or supplemental report(is) true rporation of the receiver or trustee empowers , or on an attachment with an address, with a	d to execute this report as Il other like empowered.	required by Cha	pter 607, Florida Statut	es; and that my name a	appears in Block 10 or	Block 11 if
of the conchanged	on this report or supplemental reportisfrue rporation or title receiver or trustee emowers , or on an attachment with an address. With a	١		pter 607, Florida Statut POSNER		•	Block 11 if