

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000094344</b> 1. Entity Name INTER GLOBE TELECOMMUNICATION CONSULTANTS, INC.		
Principal Place of Business 1130 SPANISH RIVER ROAD BOCA RATON, FL 33432 US		Mailing Address 1130 SPANISH RIVER ROAD BOCA RATON, FL 33432 US
2. Principal Place of Business 16026 ROSE CROFT TERRACE Suite, Apt. #, etc.	3. Mailing Address 16026 ROSE CROFT TERRACE Suite, Apt. #, etc.	
City & State DELRAY BEACH, FL Zip 33446	City & State DELRAY BEACH, FL Zip 33446	4. FEI Number 20-0176856 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		REINSTATEMENT 2006
6. Name and Address of Current Registered Agent POSNER, BERNARD 1130 SPANISH RIVER ROAD BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name: POSNER, BERNARD Street Address (P.O. Box Number is Not Acceptable): 16026 ROSE CROFT TERRACE City: DELRAY BEACH FL Zip Code: 33446
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: <u>Bernard Posner</u> DATE: <u>11/22/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! 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 DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P NAME: POSNER, BERNARD STREET ADDRESS: 1130 SPANISH RIVER ROAD CITY-ST-ZIP: BOCA RATON, FL 33432	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: 16026 ROSE CROFT TERRACE STREET ADDRESS: DELRAY BEACH, FL 33446 CITY-ST-ZIP:	
TITLE: V NAME: G. MICHAEL MARRA STREET ADDRESS: 1130 SPANISH RIVER ROAD CITY-ST-ZIP: BOCA RATON, FL 33432	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: 16026 ROSE CROFT TERRACE STREET ADDRESS: DELRAY BEACH, FL 33446 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 300082105333 STREET ADDRESS: 11/28/06--01049--019 **158.75 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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 reports 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: <u>Bernard Posner</u> <u>BERNARD POSNER</u> <u>11/22/06</u> <u>561-637-6350</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		