

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 28 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 004000099959

1. Corporation Name

The I. Financial Group, Inc.

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

3. Mailing Office Address

17753 Deer Isle Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Garden, FL.

Zip

Country

Zip

Country

34787

USA

100112665321
11/28/07--01049--008 **750.00
REINSTATEMENT 05-07

4. Date Incorporated or Qualified
To Do Business in Florida

7/2/2004

5. FEI Number

20-1319673

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

Inez Long

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

17753 Deer Isle Circle

Suite, Apt. #, Etc.

City

Winter Garden, Florida

State

FL

Zip Code

34787



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

Inez Long

REGISTERED AGENT MUST SIGN

Date

11/12/07

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/T/S | Inez Long | 17753 Deer Isle Cir. | Winter Garden, FL. |
| | | | 34787 |
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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:

Inez Long

Inez Long, President

Date

11/12/07

Daytime Phone #

407.694-

7313