

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000060876

1. Entity Name
INTERNATIONAL GENERAL TRANSMISSION INC.



FILED

2007 DEC 17 PM 12:09

Principal Place of Business
7808 OKEECHOBEE BLVD SUITE B
WEST PALM BEACH, FL 33411

Mailing Address
7808 OKEECHOBEE BLVD SUITE B
WEST PALM BEACH, FL 33411

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10-24-07 01052 021 \$ 150.00
152007 REIN-P CR2E098 (1/07) 07

2. Principal Place of Business - No P.O. Box #
425 1st Street

3. Mailing Address

Suite, Apt. #, etc.
Suites 3 & 4

Suite, Apt. #, etc.

City & State
Vero Beach, FL

City & State

Zip
32962

Country
US

Zip

Country

6. Name and Address of Current Registered Agent

JEREZ, MIGUEL
301 S OCEAN BLVD
POMPAHO BEACH, FL 33066
425 1st Street
Vero Beach, FL 32962

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JEREZ, MIGUEL	
STREET ADDRESS	425 1st Street	
CITY-ST-ZIP	301 S OCEAN BLVD POMPAHO BEACH, FL 33066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	425 1st Street
CITY-ST-ZIP	Vero Beach, FL 32962
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3001 13191982
CITY-ST-ZIP	12/17/07-01037-019 **500.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 report 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/2007

Date

Daytime Phone #

B. Mitchell DEC 17 2007