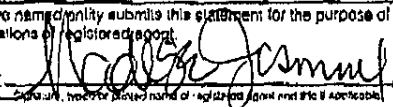
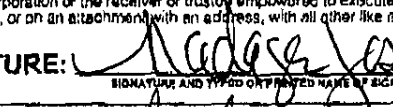


2009 FOR-PROFIT CORPORATION REINSTATEMENT

FILED

09 FEB 17 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000006519			
1. Entity Name IGOTU, INC.			
Principal Place of Business 14836 SW 174TH ST MIAMI, FL 33187-1786		Mailing Address 14836 SW 174TH ST MIAMI, FL 33187-1786	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 325 SOUTH BISCAYNE BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1919	
City & State		City & State MIAMI, FL	
Zip	Country	Zip	Country
33131	USA		
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		4. FEI Number 76-0847804	
6. Name and Address of Current Registered Agent JASMIN, NADEGE 14836 SW 174TH ST MIAMI, FL 33187-1786		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 		DATE 1/30/09	
FILE NOW!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP	P JASMIN, NADEGE 14836 SW 174TH ST MIAMI, FL 331871786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000143175720 02/09/09--01046--010 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER / CHAIR DORIS CHANDLER 19451 SHERIDAN STREET # 160 PEMBROKE PINES, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING DIRECTOR DEBBIE BEAUSEJOUR 6516 EMERALD LAKE DRIVE MIAMI, FL 33123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JANICE MARTELL 301 NW 195 TERR MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT / CHAIR SHANTA KINGT FINCHER 19451 SHERIDAN STREET # 160 PEMBROKE PINES, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE 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: 		DATE 1/30/09 (305) 326-4222	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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