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	Mailing Address
14836 SW 174TH ST MIAMI, FL 33187-1786	14836 SW 174TH ST MIAMI, FL 33187-1786

01302009 REIN-P CR2E098 (1/07)

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

4. FEI Number
76-0847804 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JASMIN, NADEGE 14836 SW 174TH ST MIAMI, FL 33187-1786	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: Nadege Jasmin 2009 1/30/09
(Signature, must be typed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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 P ☐ Delete NAME JASMIN, NADEGE STREET ADDRESS 14836 SW 174TH ST CITY-ST-ZIP MIAMI, FL 331871786	☐ Change ☐ Addition 00014317572O 02/09/09--01046--010 **300.00
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE TREASURER / CHAIR ☐ Change ☒ Addition NAME DORIS CHANDLER STREET ADDRESS 19451 SHERIDAN STREET # 166 CITY-ST-ZIP PEMBROKE PINES, FL 33332
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE MANAGING DIRECTOR ☐ Change ☒ Addition NAME DEBBIE BEAUSEJOUR STREET ADDRESS 6516 EMERALD LAKE DRIVE CITY-ST-ZIP MIRAMAR, FL 33023
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE DIRECTOR ☐ Change ☒ Addition NAME JANICE MARTELLY STREET ADDRESS 301 NW 195 TERR CITY-ST-ZIP MIAMI, FL 33169
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE VICE PRESIDENT / CHAIR ☐ Change ☒ Addition NAME SHANTA KINGT FINCHER STREET ADDRESS 19461 SHERIDAN STREET # 1660 CITY-ST-ZIP PEMBROKE PINES, FL 33332
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

REINSTATEMENT

RH

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: Nadege Jasmin 2009 1/30/09 (305) 336-4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Nadege Jasmin 2009 2/17/2009