

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 FEB 12 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA5000028231**

1. Corporation Name
Internet Gateway Connections, Inc.

Principal Place of Business
**10011 Pines Blvd. #101
Pembroke Pines, FL
33024**

Mailing Address
SAME

REINSTATEMENT 97-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		April 6, 1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0585474	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED	
				38.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/V/S/T/D	Robert Gifford	10011 Pines Blvd. #101	Pembroke Pines, FL 33024

900002778179--9
-02/17/99--01057--014
***1058.75 ***1058.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Joel Haulkin 4627 Ponce De Leon Blvd. 2nd Floor Coral Gables, FL 33146		J.R. Anderson Street Address (P.O. Box Number is Not Acceptable) 10011 Pines Blvd. Suite, Apt. #, Etc. #101 City Pembroke Pines State FL Zip Code 33024	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: REGISTERED AGENT MUST SIGN Date: 2/5/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See instructions for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: Robert Gifford President Date: 2/5/99 (954) 436-4444 Daytime Phone #

CR2E081 (12/98)

2/5/99

Please forward the certificate
of Status to: Robert Gifford

INTERNET GATEWAY CONNECTIONS
3911 NW 97TH AVE
HOLLYWOOD, FL 33024

3911 NW 97 Ave.
Hollywood, FL

33024

Thank you. Robert Gifford
President

Request taken by: yfisher
02-01-1999

The forms you recently requested from this office are:

(2) 203. Reinstatement (Corp)

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314