

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000028231

1. Corporation Name

Internet Gateway Connections, Inc.

2. Principal Office Address

5722 S. Flamingo Rd.

3. Mailing Office Address

5722 S. Flamingo Rd.

Suite, Apt. #, etc.

#311

Suite, Apt. #, etc.

#311

City & State

Cooper City, FL

City & State

Cooper City, FL

Zip

33330

Country

USA

Zip

33330

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/6/95

5. FEI Number

65-0585474

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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\*\*\*\*450.00 \*\*\*\*450.00

FILED

02 MAY -1 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

J. Anderson

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

13620 Stirling Rd.

Suite, Apt. #, Etc.

City

FT. Lauderdale

State

FL

Zip Code

33330

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

[Signature]  
REGISTERED AGENT MUST SIGN

Date

4/26/02

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	R. Gifford	5722 S. Flamingo Rd. #311	Cooper City, FL 33330

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 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:

[Signature] - Pres. R. Gifford  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02  
Date

(854) 232-8487  
Daytime Phone #

CR2E081 (9/01)