

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 27 PM 1:30

DOCUMENT # **P96000026419**

1. Corporation Name  
**INTERGROUP INC.**

|  |  |
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| Principal Place of Business<br><del>6553 MARISSA CIRCLE<br/>LAKE WORTH FL 33467</del><br><b>7482 BRUNSWICK CIRCLE<br/>BOYNTON BCH - FL-33437</b> | Mailing Address<br><del>6553 MARISSA CIRCLE<br/>LAKE WORTH FL 33467</del><br><b>same</b> |
|--|--|

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



|  |  |  |
|--|--|--|
| 2. New Principal Office Address, if Applicable<br><b>7482 BRUNSWICK CR</b> | 3. New Mailing Office Address, if Applicable<br><b>7482 BRUNSWICK CR</b> | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>03/20/1996</b>                                     |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  | 5. FEI Number<br><b>65-0648737</b>   |
| City & State<br><b>BOYNTON BCH - FL</b>                                    | City & State<br><b>BOYNTON BCH - FL</b>                                  | Applied For<br>Not Applicable  |
| Zip<br><b>33437</b>  | Country<br><b>USA</b>  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 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              | 4. City / State / Zip  |
| P   | QUIBANO, HUMBERTO                    | <del>6553 MARISSA CIRCLE</del><br><b>7482 BRUNSWICK CIRCLE</b> | <del>LAKE WORTH FL 33467</del><br><b>BOYNTON BCH - FL-33437</b>                      |
| VP/S  | QUIBANO, LUZ X                       | <del>6553 MARISSA CIRCLE</del><br><b>7482 BRUNSWICK CIRCLE</b> | <del>LAKE WORTH FL 33467</del><br><b>BOYNTON BCH - FL-33437</b>                      |
|   |                                      |  | <b>900003035819--7</b><br><b>-11/05/99--01010--011</b><br><b>***750.00 ***750.00</b> |

|   |  |
|---|--|
| 8. Name and Address of Current Registered Agent<br><b>QUIBANO, HUMBERTO</b><br><del>6553 MARISSA CIRCLE</del><br><del>LAKE WORTH FL 33467</del> | 9. Name and Address of New Registered Agent<br>Name <b>QUIBANO HUMBERTO</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>7482 BRUNSWICK CIRCLE</b><br>Suite, Apt. #, Etc.<br>City <b>BOYNTON BCH</b> State <b>FL</b> Zip Code <b>33437</b> |
|---|--|

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 [Signature] Date **10-25-1999**

REGISTERED AGENT MUST SIGN

11. 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] **HUMBERTO QUIBANO** Date **10/25/99** Daytime Phone # **3082298**

CS25040 (8/99)