

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

01 APR 18 AM 11:29

DOCUMENT # **P96000026419**

1. Corporation Name

INTERGROUP INC.

Principal Place of Business

Mailing Address

~~7482 BRUNSWICK CR
 BOYNTON BCH FL 33437~~

7482 BRUNSWICK CR
 BOYNTON BCH FL 33437



REINSTATEMENT

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

2. New Principal Office Address, If Applicable
15 NE. 4 street

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

~~03/20/1996~~

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

5. FEI Number

65-0648737

Applied For

Not Applicable

City & State
~~DELRAY BCH FLA~~

City & State

Zip
33444

Country
USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	QUIBANO, HUMBERTO	7482 BRUNSWICK CR	BOYNTON BCH FL 33437
VS	QUIBANO, LUZ X	7482 BRUNSWICK CR	BOYNTON BCH FL 33437

788004078217--2
 -04/25/01--01084--040
 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

QUIBANO, HUMBERTO
 7482 BRUNSWICK CR
 BOYNTON BCH FL 33437

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]
 REGISTERED AGENT MUST SIGN

Date

Feb 12/2001

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.

AD

SIGNATURE

[Signature]
 HUMBERTO QUIBANO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 12/01 561/2988885

CR2E040 (8/00)