

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

69/104

00 OCT 23 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000067790**

1. Corporation Name

I.G.A.I. INC.

Principal Place of Business

Mailing Address

216 SE 19TH TER
CAPE CORAL FL 33904

216 SE 19TH TER
CAPE CORAL FL 33904

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

08/12/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0692029

Applied For

Not Applicable

City & State

City & State

Zip

Country

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
D	CHUBOKAS, TOM	216 SE 19TH TER	CAPE CORAL FL
			600003456146--8
			11/07/00--01121--011
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHUBOKAS, TOM
216 SE 19TH TER
CAPE CORAL FL

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

Date 10-19-00

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:

Tom Chubokas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-19-00 941-826-5568

I.G.A.I., Inc.
216 SE 19th Terrace
Cape Coral, FL 33990

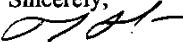
pg. 2 of 2

To Whom It May Concern,

This letter is in reference to the dissolution or revocation of I.G.A.I., Inc! The form was sent to the State of Florida on April 2nd, 2000 with a check for \$150.00. I am submitting the application for reinstatement and request that the reinstatement charge be waived because the document and check was sent in a timely manner. The Company has not done business this year but is gearing up to begin operation in 2001.

Should you have any questions please do not hesitate to contact me at 941-826-5568. Thank-You in advance for your cooperation.

Sincerely,



Tom Chubokas
President

copy of original attached!
ck #1698