APPLICATION FOR REINSTATEMENT

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 19 PM 3:39

DOCUMENT # P 97 0000 13743

1. Corporation Name
INTER. GARMENT GROUP CORP.

Principal Place of Business: 8358 NW 66 ST MIAMI FL 33166

Mailing Address:

REINSTATEMENT 98-99

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

2. New Principal Office Address, if Applicable: 8358 NW 66 ST
Suite, Apt. #, etc.
City & State: MIAMI FL
Zip: 33166 Country: USA

3. New Mailing Office Address, if Applicable:
Suite, Apt. #, etc.
City & State:
Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: MARCH 97

5. FEI Number: 65-0738207 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Please numerically enumerate each list of board directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	SALOMON LEIVA	8358 NW 66 ST	MIAMI FL 33166
D	ROBERTO LEIVA	8358 NW 66 ST	MIAMI FL 33166
D	EDUARDO LEIVA	8358 NW 66 ST	MIAMI FL 33166
D	NORMA JIMENEZ	8358 NW 66 ST	MIAMI FL 33166

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****900.00 ****900.00

8. Name and Address of Current Registered Agent: JOHN A. MARGOLES

9. Name and Address of New Registered Agent:
Name: NORMA JIMENEZ
Street Address (P.O. Box Number is Not Acceptable): 8358 NW 66 ST
Suite, Apt. #, etc.
City: MIAMI State: FL Zip Code: 33166

10. I being appointed registered agent in the above related corporation, do hereby accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: X [signature] Date: 11/17/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side 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 corporation have satisfied 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: X [signature] 11/17/99 AD
SIGNATURE AND TYPED OR PRINTED NAME OF SEPARATE OFFICER OR DIRECTOR Date Division Name #
NORMA JIMENEZ DIRECTOR