

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 AUG 12 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT #

P 98000058911

1. Corporation Name

INTERNATIONAL GROUP INVESTMENTS, INC.

2. Principal Office Address

PO Box 1155

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL.

Zip

33425

Country

USA

3. Mailing Office Address

P.O. Box 1155

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL.

Zip

33425

Country

USA

REINSTATEMENT 99-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/02/1998

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PATRICK SMITH

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

2600 S. KANNER Hwy. 0-3

Suite, Apt. #, Etc.

03

City

STUART

State

FL

Zip Code

34994

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]

Date 08/07/02

REGISTERED AGENT MUST SIGN

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
PRES	PATRICK SMITH	2600 S. KANNER Hwy 0-3	STUART, FL. 34994
V-PRES	ART MARINO, JR.	1818 N. R ST.	LAKE WORTH, FL. 33460
SEC			
PRES			

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]

PATRICK SMITH

8/7/02

561-827-4015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)