# Requestr's Name DO NOGLO 1402 JKK USWY Address

North Bay Village, F[33/4/ City/State/Zip Phone #

100003333571--6 -07/27/00--01080--005 \*\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**Examiner's Initials** 

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.		
(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	
Corporation Name)	(Document #) Er of P	
4. (Corporation Name)	(Document #)	
Walk in Pick up time  Mail out Will wait  NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other  OTHER FILINGS  Annual Report	Certified Copy  Photocopy Certificate of Status  AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement	n <sup>5</sup>
Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	U



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 3, 2000

I.G.H. INC. 1402J.F.K. CAUSEWAY NORTH BAY VILLAGE, FL 33141

SUBJECT: I.G.H. INC.

Ref. Number: P99000040960

We have received your document for I.G.H. INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6916.

Carol Mustain Corporate Specialist

Letter Number: 700A00042151



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, iel F (); Se
hereby resigns as Registered Agent for
A copy of this resignation was mailed to the above listed corporation at its last known address
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of resigning agent)
If signing on behalf of an entity:
Daniel E Wise (Typed or Printed Name)
Resident (Capacity)

### Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation