

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

102

APPLICATION  
FOR  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Matthew J. ...  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000052782

1. Corporation Name

IG-TECH., INC.

Principal Place of Business

Mailing Address

6215 W 20 AVENUE  
SUITE 303  
HIALEAH FL 33012

6215 W 20 AVENUE  
SUITE 303  
HIALEAH FL 33012

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/10/1999

5. FEI Number

65-0926237

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CAGIGAS, LEYDI M	6215 W 20 AVENUE SUITE 303	HIALEAH FL 33012

700003460127--1  
-11/13/00--01006--022  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAGIGAS, LEYDI M  
6215 W 20 AVENUE  
SUITE 303  
HIALEAH FL 33012

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-17-00

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00

Date

(305) 362-5245

Daytime Phone #



6215 west 20th Ave. ♦ Suite 303 ♦ Hialeah, Fla. 33012 ♦ USA  
Telephone: (305) 362-5245 ♦ Email [igtech@bellsouth.net](mailto:igtech@bellsouth.net)

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# IG-Tech Inc

October 17, 2000

FLORIDA DEPARTMENT OF STATE

Dear Katherine Harris: (Secretary of State)

We have received a notice of Administrative Dissolution, when we called your office to find out what it was regarding, we found out that this needed to be done back in the beginning of the year. We never received any other notice but this one of Dissolution. We do apologize; our company is new and not familiar with all the forms and reports. This will not happen this coming year up, once again we do apologize. Please inform us on how we may be reinstated otherwise enclosed is a check for \$150.00 payable to: Florida Department of State

Sincerely,

Leydi M. Gonzalez  
President