

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -9 AM 11:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **999000067798**

1. Corporation Name

INGECO USA CORP

2. Principal Office Address

1915 RODMAN STREET

3. Mailing Office Address

1915 RODMAN STREET

Suite, Apt. #, etc.

SUITE 8

Suite, Apt. #, etc.

SUITE 8

City & State

HOLLYWOOD FLORIDA

City & State

HOLLYWOOD FLORIDA

Zip

33020

Country

USA

Zip

33020

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/1999

5. FEI Number

65-0937797

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 MERKILED (DPS)

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

1915 RODMAN STREET

900023663199

Suite, Apt. #, Etc.

SUITE 8

10/09/03 01024 030 ***100.00

City

HOLLYWOOD

State
FL

Zip Code
33020

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

Patrick Merkiled DPS
REGISTERED AGENT MUST SIGN

Date

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
DPS	PATRICK MERKILED	1915 RODMAN STREET, SUITE 8	HOLLYWOOD FL 33020

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:

Patrick Merkiled DPS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

2/10/9