CORPORATION REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K87417

1. Corporation Name
I.G.C. REALTY, INC.

REINSTATEMENT 98-00

2. Principal Office Address	3. Mailing Office Address
7331-33 N.W. 12TH ST	21 VANDERVENTER AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: PORT WASHINGTON, NY
Zip: 33126 Country: USA	Zip: 11050 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11 MAY 1989

5. FEI Number: 65-0118527 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

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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: Jacqueline M Cooper Date: 3/15/00
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	MATTHEW E. CASAMASSIMA	21 VANDERVENTER AVE	PORT WASHINGTON, NY 11050
SECRETARY	MATTHEW E CASAMASSIMA	21 VANDERVENTER AVE	PORT WASHINGTON, NY 11050
TREASURER	EMANUEL J. CASAMASSIMA	21 VANDERVENTER AVE	PORT WASHINGTON NY 11050

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.

MATTHEW E. CASAMASSIMA 10 MAR 2000 516 883-8400

SIGNATURE: M E Casamassima
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

END