

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 MAR -2 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **341373**
1. Corporation Name
V. Ila Fontana, Inc.
Fla # 341373

2. Principal Office Address
**12150 SW 92nd Ave
Miami, Fla 33176**

3. Mailing Office Address
12150 SW 92nd Ave

Suite, Apt. #, etc.

City & State
Miami Fla

City & State
Miami Fla

Zip Country
33176 USA

Zip Country
33176 USA

4. Date Incorporated or Qualified To Do Business in Florida
2/01/69

5. FEI Number
59-1232318

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
Daniel B. Lazer

Street Address (P.O. Box Number is Not Acceptable)
**400003164414 - 5
-03/03/00--01097-032
1110 N Kenball Dr
****908.75 ****908.75**

Suite, Apt. #, Etc.
200

City State Zip Code
Miami FL 33176

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 Date **2/28/00**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres (P)	Harold Kahn	18051 Biscayne Blvd.	N. Miami, Fla. 33160
SECRETARY (S)	Sylvia Lazarowitz	12150 SW 92nd Ave	Miami, Fla 33176
D	Lester Lazer	12150 SW 92nd Ave	Miami, Fla 33176

REINSTATEMENT

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: **x Harold Kahn** **2/28/00** **305 931 3943**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/98)