## 2007 FOR PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # P0000047506  1. Entity Name ILME, INC. |                               |   |             |  |             |   |                 |                      | 07                     | ' JAN I                 | LED<br>17 PI       | 4 2:                   | _                       |       |
|---|-------------------------------|---|-------------|--|-------------|---|-----------------|----------------------|------------------------|-------------------------|--------------------|------------------------|-------------------------|-------|
| ·   |                               |   |             | ailing Address                                     |             | 7   | Val             | SE                   | CRETAI<br>LLAHAS       | (Y Or )                 | SIA                | TE.                    |                         |       |
| 5225 COLLINS AVENUE<br># 1514                     |                               |   | -           | 225 COLLINS AVENUI<br>† 1514                       |             | 1   | 120             | TA                   | LLAHAS                 | Ste, F                  | LUR                | IUA                    |                         |       |
| MIAMI, FL 33140                                   |                               |   |             | MIAMI, FL 33140                                    |             |   |                 |                      | II GBIJI BRIM BBIJI BR | III BBIM BBIII BIBI     | <b>           </b> | FILE EMI               |                         |       |
| Principal Place of Business - No P.O. Box #       |                               |   | 3.          | 3. Mailing Address                                 |             |   |                 |                      |                        |                         |                    |                        |                         | ·• ·• |
| Suite, Apt. #, etc.                               |                               |   | -           | Suite, Apt. #, etc.                                |             |   |                 | 01102007             | CORENAL CONTRACTOR     | 固心能                     | 2E098 (1           | 10l                    | 0-0                     | 7     |
| City & State                                      |                               |   |             | City & State                                       |             |   | 4. FEI Numb     | per<br>PPLICABLE     |                        | T                       |                    | lied For<br>Applicable | Wap                     |       |
| Zip   | Zip Country                   |   |             | Zíp  | itry        | 5. Certificate of Status Desired \$8.75 Addition Fee Required |                 |                      |                        |                         | tional             | 1                      |                         |       |
|   | and Address of Current        | tered Agent   | !           |  |             | 7. Name and   | d Address of No | ew Registere         |                        |                         |                    | _                      |                         |       |
| HDCZTEIN ICAAC                                    |                               |   |             |  |             |   |                 |                      |                        |                         |                    |                        |                         | ]     |
| URSZTEIN, ISAAC<br>5225 COLLINS AVENUE<br># 1514  |                               |   |             |  |             | Street Address (  |                 | P.O. Box Numb        | per is Not Accep       | table)                  |                    |                        |                         |       |
| MIAMI, FL   | 33140                         |   |             | City   |             |   |                 |                      | ■■ Zic                 | Code                    |                    | -                      |                         |       |
| 8 The above                                       | named entit                   | y submits this statement fo                                 | v the n     | surpose of changing its                            | register    |   | enister         | red agent, or ho     | oth in the State       |                         | <u> </u>           |                        |                         | -     |
|   | tions of regis                |   |             |  |             |   | og.o.c.         | ou agoin, ai oi      |                        | o                       |                    | ***********            | no accept               |       |
| SIGNATURE   |                               | or printed name of registered agent                         | and tille i | fapplicable (NOT                                   | E: Register | ed Agent signatu  | re requi        | red when reinstating | 1)                     | DAT                     | E                  |                        |                         |       |
| FILE NOW!!! FEE IS \$300.00                       |                               |   |             |  |             |   |                 |                      | In accordan            |                         |                    |                        |                         |       |
| 10.   |                               | OFFICERS AND  | DIREC       | CTORS  | 11.         |   |                 | ADDITIONS            | /CHANGES TO            | OFFICERS A              | ND DIREC           | CTORS                  | IN 11                   | j     |
| THE   | P                             | N ICAAC   |             | ☐ Deleie   | TITLI       |   |                 |                      |                        |                         | Ch.                | •                      | ☐ Addition              |       |
| NAME STRLLT ADDRESS CITY-S1-ZIP                   | 5225 COLLINS AVENUE, #1514 ST |   |             |  |             | EF ADDRESS  |                 | 017                  | <b>4000</b><br>/30/070 | 3 <b>64</b> 6<br>110030 | :70:<br>)15   *    | 14<br>**30             | 0.00                    |       |
| THE   | 14117 (1411 151               |   |             | ☐ Delete   | TITLI       |   | <del></del>     |                      | ,                      |                         | ☐ Ch               | ange                   | Addition                | 1     |
| NAME<br>OVER ADDRESS                              |                               |   |             |  | NAM         |   |                 |                      |                        |                         |                    |                        |                         |       |
| STREET ADDRESS<br>CITY-ST-ZIP                     |                               |   |             |  |             | ET ADDRESS<br>-ST-ZIP   |                 |                      |                        |                         |                    |                        |                         |       |
| ULLE  | 2 3000                        |   |             |  | IUFI        |   |                 |                      |                        |                         | Ch.                | ange                   | Addition                | 1     |
| NAME<br>STREET ADDRESS                            | DOBECC                        |   |             |  | NAM<br>STRE | E ADDRESS   |                 |                      |                        |                         |                    |                        |                         | ł     |
| CITY-ST-ZIP                                       |                               |   |             |  |             | - ST- ZIP   |                 |                      |                        |                         |                    |                        |                         |       |
| THILE   |                               |   |             | ☐ Delete   | 31111       |   |                 |                      |                        |                         | ☐ Ch               | ange                   | Addition                | 1     |
| NAME<br>STREET ADDRESS                            |                               |   |             |  | NAM<br>STRE | ET ADDRESS  |                 |                      |                        |                         |                    |                        |                         |       |
| CITY-\$1-ZIP                                      |                               |   |             |  | CITY        | -ST-ZIP   |                 |                      |                        |                         |                    |                        |                         |       |
| DILE  |                               |   |             | ☐ Delete   | וותנו       |   |                 |                      |                        |                         | ☐ Chi              | ange                   | Addition Addition       | ]     |
| NAME<br>STREET ADDRESS                            |                               |   |             |  | NAM<br>S1RE | ET ADDRESS  |                 |                      |                        |                         |                    |                        |                         |       |
| CITY-SI-ZIP                                       |                               |   |             |  | CITY        | - ST - ZIP  |                 |                      |                        |                         |                    |                        |                         |       |
| TITLE   |                               |   |             | ☐ Delete   | וותנו       |   |                 |                      |                        |                         | Chi                | ange                   | Addition                |       |
| NAME<br>STREET ADDRESS                            |                               |   |             |  | NAM<br>STRE | ET ADDRESS  |                 |                      |                        |                         |                    |                        |                         |       |
| CITY-S1-ZIP CI                                    |                               |   |             |  |             |   |                 |                      |                        |                         |                    |                        |                         |       |
| 12. I hereby of indicated                         | certify that th               | e information supplied with<br>rt or supplemental report is | this fi     | ling does not qualify fo                           | ny siana    | emptions con  | tained          | in Chapter 11'       | 9, Florida Statut      | es. I further o         | ertify that        | the info               | ormation<br>or director | ]     |
| of the cor  | rporation or t                | he receiver or <b>i</b> trustee e <b>in</b> p               | owered      | d to execute this report<br>I other like empowered | as requi    | red by Chapt  | ter 607         | 7, Florida Statut    | es; and that my        | name appear             | rs in Block        | . 10 or 8              | 3lock 11 if             |       |
| SIGNAT  | URE: _                        | SIGNATURE AND TYPED OR I                                    | PRINTED     | NAME OF SIGNING OFFICER                            | OR DIRECT   | TOR   |                 | Ø                    | 100                    | <u>/</u> 3              | Davime Dr          | <u> 318</u> .          | <u>-67</u> 20           | \$    |
| l   |                               |   |             |  |             |   |                 |                      |                        |                         | .,                 |                        |                         | J     |