

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G80446

1. Corporation Name

CIL, INC.

2. Principal Office Address - No P.O. Box #  
2900 E OAKLAND PK BLVD

3. Mailing Office Address

Suite, Apt. #, etc.  
103

Suite, Apt. #, etc.

City & State  
FORT LAUDERDALE, FL

City & State

Zip Country  
33306 USA

Zip Country

7. Name and Address of Current Registered Agent

Name  
DAVID E. BUCK

Street Address (P.O. Box Number is Not Acceptable)  
2900 E OAKLAND PK BLVD

Suite, Apt. #, Etc.  
103

City  
FORT LAUDERDALE

State Zip Code  
FL 33306

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

REGISTERED AGENT MUST SIGN

Date 04-30-2009

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
PVTD	MADLINE CAMPBELL	860 SW 9TH STREET CIRCLE # 201	BOCA RATON, FL 33486
SD	MADLINE CAMPBELL	860 SW 9TH STREET CIRCLE # 201	BOCA RATON, FL 33486
D	BARBARA ROBERTS	1375 TYROL ROAD	VANCOUVER, CANADA
D	KINGSLEY G. CAMPBELL	103 RONAN AVENUE	TORONTO, CANADA

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

04-30-2009

Date

954-561-3303

Daytime Phone #

FILED

09 MAY -1 PM 3:33

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

12/26/02 01015 006 \$150.00  
0209 Jhm

REINSTATEMENT

500009685995

4. Date Incorporated or Qualified  
To Do Business in Florida 01-18-1984

5. FEI Number  
59-2367771

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

500009685995

05/12/09--01005--017 \*\*1050.00