

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
John Smiley
Secretary of State
DIVISION OF CORPORATIONS

L01000016545

FILED

1. DOCUMENT # L01000016545

Name and Mailing Address

02 OCT 29 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007651 01 FP 0.352 **PRSR T3 0 0615 33331-351920



ILTER ENGINEERING, LTD. CO.
3320 PADDOCK RD
WESTON FL 33331-3519



2. New Mailing Address

City, State, Zip

Principal Place of Business

3320 PADDOCK RD
WESTON FL 33331

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

09/24/2001

6. FEI Number

65-1145376

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

ILTER, ODALYS J
3320 PADDOCK RD
WESTON FL 33331

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Odalis J. Ilter

REGISTERED AGENT MUST SIGN

Date 10-25-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES.	JOHN A. ILTER	3320 PADDOCK ROAD	WESTON, FL 33331
			200008671092 10/29/02--01099--015 **150.00

REINSTATEMENT 2002

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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

John A. Ilter

Date 10-25-02 Daytime Phone # 954-606-7123

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)