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APPLICATION FOR RESTATEMENT  
FLORIDA DEPARTMENT OF STATE  
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 24 PM 3:19

1. DOCUMENT # L02000006012

Name and Mailing Address

0005570 01 AT 0.292 \*\*AUTO T2 3 0615 33076-374785

BILAN, LLC

6185 NW 107TH TERRACE  
PARKLAND FL 33076-3747



US

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/14/2002	
Principal Place of Business 6185 NW 107TH TERRACE PARKLAND FL 33076 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 01-0628618	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent ENG, ANNE M 6185 NW 107TH TERRACE PARKLAND FL 33076	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)
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REINSTATEMENT 2003  
10/16/03  
FL

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 [Signature] **SIGNATURE REQUIRED** Date 10/16/03

REGISTERED AGENT MUST SIGN

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
<del>MGRM</del>	<del>ENG, YOUNG</del>	<del>6185 NW 107TH TERRACE</del>	<del>PARKLAND FL 33076</del>
MGRM	ENG, ANNE M	6185 NW 107TH TERRACE	PARKLAND FL 33076
MGRM	ENG, WILLIAM	6185 NW 107TH TERRACE	PARKLAND FL 33076
<del>MGRM</del>	<del>ENG, WILLIAM</del>	<del>6185 NW 107TH TERRACE</del>	<del>PARKLAND FL 33076</del>
<del>MGRM</del>	<del>ENG, MELINDA</del>	<del>1225 NOSTRAND AVE., 2 FLR</del>	<del>BROOKLYN NY 11225</del>
<del>MGRM</del>	<del>OHAN, VILMA</del>	<del>259 LEEFERTS AVE.</del>	<del>BROOKLYN NY 11225</del>

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 [Signature] **SIGNATURE REQUIRED** Date 10/16/03 Daytime Phone # 954 647 0287

Typed or printed name of signing Managing Member/Manager

Oct 16 03 01:06p

Small Business Solutions 954-340-9298

P.2 2082

Division of Corporations

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## Division of Corporations

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