

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT 29 PM 1:11

DOCUMENT # P00000096495

1. Corporation Name

ILI, INC.

100137621811
11/04/08--01033--007 **300.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

203 FDC Grove Road

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 846

Suite, Apt. #, etc.

City & State

Davenport, Florida

City & State

Walterboro, South Carolina

Zip

33837

Country

Zip

29488

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/2000

5. FEI Number

59-3675364

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

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22nd Street

Suite, Apt. #, Etc.
4th Floor

City

Miami

State

FL

Zip Code

33145

☒ 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.

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 BY:

SPIEGEL & UTRERA, P.A.

Natalia Utrera, Vice President REGISTERED AGENT MUST SIGN

Date

10-27-08

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
PD	Richardson, Jeffrey D.	203 FDC Grove Road	Davenport, Florida 33837
SD	Richardson, Regina M.	203 FDC Grove Road	Davenport, Florida 33837
VP	Williams, James	203 FDC Grove Road	Davenport, Florida 33837

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:

Jeffrey D. Richardson

Jeffrey D. Richardson, President

10-20-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #