

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 10:17

TALLAHASSEE, FLORIDA

DOCUMENT # P01000037209

1. Corporation Name

ILLKA D. SLATER AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

14770 GARDEN DRIVE  
MIAMI FL 33168

14770 GARDEN DRIVE  
MIAMI FL 33168

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/09/2001

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	SLATER, ILLKA D	14770 GARDEN DRIVE	MIAMI FL 33168
VT	SLATER, ILLKA D	14770 GARDEN DRIVE	MIAMI FL 33168

700008943897

11/12/02--01131--015 \*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SLATER, ILLKA D  
14770 GARDEN DRIVE  
MIAMI FL 33168

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

11/4/02

11. 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 under section 119.07(3)(i), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/02 305-688-9064

11/06/02

### **Letter of Special Consideration**

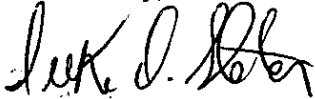
This is a letter of special consideration asking the committee to please reinstate my company, Illka D. Slater and Associates back to active status due to the fact that this was a new company last year and for some reason I (President) did not receive the UBR notices and therefore missed all deadlines to insure that I remain in active status. This past year was my first year owning a company and it has been quite an experience. I am not sure why I did not receive the notices however several times throughout last year I had the companies mail forwarded to another location because I was often out of town.

I am in desperate need to have this company reinstated. I am a one person business who due to an entire year of planning ,experienced no business oriented financial transactions so the companies funds are very limited at this time however there is a lot of potential for this company this year so I humbly ask the committee, just this one time, to restore my company to active status.

I have enclosed a check for the fee of \$150.00 (reinstatement fee) +\$8.75(for a certificate of Status).

Thank you soooo much.

Sincerely,

A handwritten signature in black ink, appearing to read 'Illka D. Slater', written in a cursive style.

Illka D. Slater