

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000031401

1. Entity Name
ILLRIA INC.



Principal Place of Business
3760 EAST BAY DR
LARGO, FL 33771

Mailing Address
2813 EDENWOOD ST
CLEARWATER, FL 33759

FILED

2007 MAR -5 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3760 EAST BAY DR

City & State

City & State

LARGO FL

Zip

Country

Zip

Country

33771

02162007

REIN-P

CR2E098 (1/07)

4. FEI Number

03-0425386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAUTI, ISA
2813 EDENWOOD ST
CLEARWATER, FL 33759

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DAUTI, ISA
STREET ADDRESS 751 SEMINOLE BLVD.
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE P
NAME DAUTI, ISA
STREET ADDRESS 2813 EDENWOOD ST
CITY-ST-ZIP CLEARWATER, FL 33759
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-07

3/50