

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 MAY -7 P 1:59


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800180564598
05/07/10--01037--010 **300.00

CR2E081 (4/10)

4. Date Incorporated or Qualified To Do Business in Florida	02/10/2003
5. FEI Number	41-2082936
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000017938

1. Corporation Name

ILIE LAZAR, INC.

2. Principal Office Address - No P.O. Box # 1833 S OCEAN DR #1209 HALLANDALE FL 33009	3. Mailing Office Address 1833 S OCEAN DR
Suite, Apt. #, etc. 1209	Suite, Apt. #, etc. 1209
City & State HALLANDALE, FL	City & State HALLANDALE, FL
Zip 33009	Country USA

7. Name and Address of Current Registered Agent	
Name LAZAR ILIE	
Street Address (P.O. Box Number is Not Acceptable) 1833 S OCEAN DR.	
Suite, Apt. #, Etc. 1209	
City HALLANDALE	State FL
	Zip Code 33009

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Ilie Lazar

REGISTERED AGENT MUST SIGN

Date 05/21/2010

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
D	ILIE LAZAR	1833 S OCEAN DR	HALLANDALE, FL, 33009

REINSTATEMENT

09-10

10. E-mail Address: lazard81@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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:

Ilie Lazar

ILIE LAZAR

Date

05/21/2010

Daytime Phone #

954-274-5651