

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 OCT 26 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BOOK 11393858  
10/26/07--01045--002 \*\*70.00

REINSTATEMENT  
CR2E081 (1/07)

02

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # P92000003234

1. Corporation Name

ILAN ENTERPRISES, INC.

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

333 N. FALKENBURG RD.

Suite, Apt. #, etc.

B-210

City & State

TAMPA, FL

Zip

33619

Country

USA

3. Mailing Office Address

333 N. FALKENBURG RD.

Suite, Apt. #, etc.

B-210

City & State

TAMPA, FL

Zip

33619

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11-9-1992

5. FEI Number

59-3152891

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

RICK A. IVEY

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

1211 BELLADONNA DR

Suite, Apt. #, Etc.

City

BRANDON

State

FL

Zip Code

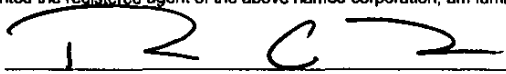
33510



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



REGISTERED AGENT MUST SIGN

Date 10-24-07

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
P/T/V	RICK A. IVEY	1211 BELLADONNA DR	BRANDON, FL 33510
S	SALENA M. CALDWELL	9601 RIVERVIEW DR	RIVERVIEW, FL 33569

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:

 RICK A. IVEY P/T/V

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-24-07 (813) 689-8574

Daytime Phone #

1-1-2-80