

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 28 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000066215

1. Corporation Name

CILRON, INC.
1606 Pennsylvania Ave
Miami Beach, Fl 33139

2. Principal Office Address

1606 Pennsylvania Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1606 Pennsylvania Ave

Suite, Apt. #, etc.

City & State

Miami Beach, Fl

City & State

Miami Beach, Fl

Zip

33139

Country

USA

Zip

33139

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

09-22-1993

5. FEI Number

650439706

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$2.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

c/o LUNDY & SHACTER, PA

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

9655 W BROWARD BLVD.

Suite, Apt. #, Etc.

City

PLANTATION, FL 33324

State

FL

Zip Code

33139

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505, F.S.

Signature of Registered Agent

Erin Shacter

REGISTERED AGENT MUST SIGN

Date 06/20/01 0000000000000000

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	CILIA EINHORN	137 PRINZREGENER ST.	MUNICH, GERMANY
VP	SHALOM EINHORN	1606 Pennsylvania Ave #2	MIAMI BEACH, FL 33139

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 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:

Erin Shacter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-24-02

Date

786 897-9223

Daytime Phone #

CR2E0819/01

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CILRON, INC.
1606 PENNSYLVANIA AVENUE.
MIAMI BEACH, FL 33139
786-897-5923

May 24, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: CILRON, INC.

Dear Sir or Madam:

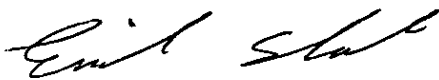
Enclosed please find a completed Corporation Reinstatement form for the above corporation as well as a check for Four Hundred Fifty (\$450.00) Dollars.

I am requesting that all other fees be waived due to the fact that we never received the reporting forms from the lawyer who was listed as the registered agent, Martin Wasserman, who is not our lawyer, who moved his office, and we have not heard from him.

Please correct the records to show Lundy & Shacter as registered agent and please waive any other fees and reinstate the corporation.

Thank you for your consideration.

Very truly yours,



Shalom Einhorn
Vice President

SE/ML/m

enclosure