

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 21 AM 9:02

DOCUMENT # A93000070922

1. Corporation Name

Ilun, Inc.

P 93000-70922

300022614413
08/27/03--01056--028, **308.75

REINSTATEMENT

02-03

2. Principal Office Address

14982 Via Regale

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

Same

City & State

Delray Beach - FL

City & State

Zip

33446

Country

Palm Beach

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1999 -

5. FEI Number

64-0441698

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

OCAR Chaimovitch

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

10758 Stonebridge Blvd

Suite, Apt. #, Etc.

City

Boca Raton FL

State
FL

Zip Code

33498

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/16/03

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 | Isaac Chaimovitch | 6909 SW 18th Ave A 112 | Boca Raton FL 33433 |
| S | Linda L'Esperance | " " " | " " " |
| | | | |
| | | | |
| | | | |

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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/03
Date

561-703-3838
Daytime Phone #

CR2E081 (10/02)

2/2



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 13, 2003

ILLEN, INC.
C/O HAROLD FEIN
14482 VIA ROYALE
DELRAY BEACH, FL 33446 US

SUBJECT: ILLEN, INC.
Ref. Number: P93000070922

Pursuant to our telephone conversation of August 13, 2003, I am enclosing the application for reinstatement you have requested.

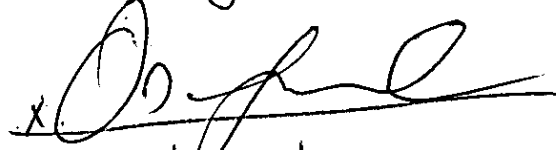
If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 403A00046045

(*) We would like reinstatement ^{fees} ~~waited~~ on the grounds that Annual report was never received. The P.O. never forwarded mail to Canada where the corp HQ & quarters were located for 2 years - we are now back in Fla.

Thanking you


Registered Agent

* Enclosed is a check for \$300.00