

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
owner
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000039317

1. Corporation Name

EILEEN B INC

Principal Place of Business

18791 BISCAYNE BLVD
MIAMI FL 33180
US

Mailing Address

18791 BISCAYNE BLVD
MIAMI FL 33180
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/1995

5. FEI Number

65-0600117

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BURSTYN, EILEEN	2618 COLLINS AVENUE	MIAMI BEACH FL 33140
VP	BURSTYN, JUDAH	18791 BISCAYNE BLVD	MIAMI FL 33180

500008643015
10/29/02--01023--008 **158.75

8. Name and Address of Current Registered Agent

BURSTYN, JUDAH
18791 BISCAYNE BLVD.
MIAMI FL 33180

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

Eileen B. Inc.

11/12/02

To: Florida Department of Stat.

Ref Number: P95000039317

We have filed every year we have been in business. We filed a report back in May of 2002. We do not know why you did not receive. We feel that the extra fee is unjust being that we did file.

Please evaluate and let us know what to do.

Thank you.

J. Burstyn

18791 Biscayne Boulevard
Telephone 305-931-0000

Miami, Florida 33180
Fax 305-931-7390