

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 21 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078000

1. Corporation Name

I.L.J. ENTERPRISES, INC.

2. Principal Office Address

640 W. GLADES ROAD

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33486

Country

U.S.A.

3. Mailing Office Address

640 W. GLADES ROAD

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33486

Country

U.S.A.

900036999579
05/21/04--01084--008 **1508.75

4. Date Incorporated or Qualified
To Do Business in Florida

9/18/1996

5. FEI Number

65-0695816

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

JEFFREY A. SOPHIR

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

640 W. GLADES ROAD

Suite, Apt. #, Etc.

City

BOCA RATON, FL 33486

State

FL

Zip Code

33486

REINSTATEMENT

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

Date 5/18/04

REGISTERED AGENT MUST SIGN

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
PD	JEFFREY A. SOPHIR	12218 ROCKLEDGE CIR.	BOCA RATON, FL 33428

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:

JEFFREY A. SOPHIR, PRES. 5/18/04 954-566-7571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

B