

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000008928

1. Corporation Name

ILEGALES, INC.

Principal Place of Business

12000 BISCAYNE BLVD
#220
NORTH MIAMI FL 33181
US

Mailing Address

12000 BISCAYNE BLVD.
SUITE 220
NORTH MIAMI FL 33181

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
290 NW 165 Street P-100
City & State
Miami FL
Zip
33169 Country
USA

3. New Mailing Office Address, If Applicable

290 NW 165 Street
Suite, Apt. #, etc.
P-100
City & State
Miami FL
Zip
33169 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/1997

5. FEI Number

65-0749468

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	FELDENKRAIS, MICHAEL	12000 BISCAYNE BLVD. #220	NORTH MIAMI FL 33181
PUBTS	Feldenkrais, Michael	290 NW 165 Street Suite P-100	Miami, FL 33169
			000004219370--6 -05/16/01-01031-006 ***1050.00 ***1050.00
			REINSTATEMENT 09-01 TS

8. Name and Address of Current Registered Agent

FELDENKRAIS, MICHAEL
12000 BISCAYNE BLVD.
SUITE 220
NORTH MIAMI FL 33181

9. Name and Address of New Registered Agent

Name
Michael Feldenkrais
Street Address (P.O. Box Number is Not Acceptable)
290 NW 165 Street
Suite, Apt. #, Etc.
P-100
City
Miami State
FL Zip Code
33169

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

4/13/01

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 or 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

Date

Daytime Phone #

4/13/01 305-945-4686

CR2E040 (8/99)