

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P97000070765

1. Corporation Name

ILIADIS ENTERPRISES, INC.

00 DEC -6 PM 12:49

Principal Place of Business

106 SANIT GEORGE ST
ST AUGUSTINE FL 32084
US

Mailing Address

106 SAINT GEORGE ST
ST AUGUSTINE FL 32084
US



REINSTATEMENT 02

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		4. Date Incorporated or Qualified To Do Business in Florida 08/14/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3482271	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	ILIADIS, CHRIS	1760 DIBBLE CIR W	JACKSONVILLE FL 32246
VP	ILIADIS, TONY	12022 CANDLEWYCK LN	JACKSONVILLE FL 32246

500003499825--7
-12/13/00--01072--016
****750.00 ****750.00

11/2/01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOLCUN, MICHAEL A 6960 BONNEVAL ROAD SUITE 202 JACKSONVILLE FL 32216		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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 **11-28-2000**

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

11-28-2000
Date Daytime Phone #