## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P98000051392 **DOCUMENT#** 

1. Corporation Name

BILJEN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

810 NORTH 69TH AVENUE

180 COLLEGE PARK DR



TILTS LEKETARY OF STATE LIVISION OF CORPORATIONS

00 NOV -2 PM 2: 34

FORT LAUDERDALE FL 33024 STE J-5 ELYRIA ON		14035				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				BEING.	TATEMENT	18
New Principal Office Address, If Applicable     3. New Mailir		ng Office Address, If Applicable 4. Date in		4 Date Incorpo	prated or Cualified	
9320 D ω ) 4 STREET 9. Suite, Apt. #, etc. Suite, Apt. #,		SCON W 14 SINCE		10 Do Busin	iness in Florida 06/09/1998	
Suite, Apt. #, etc.	Cano, r p.: "1	0.0.		5. FEI Number		Applied For
City & State Pembro Ke Pinas FL City & State		BROKE PINES FL.		65-0853682 Not Applicable		
Zip Country Zip		Country		6. CERTIFICATE	E 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)						
Name of Officers Street Address of Each						
Title(s) and/or Directors		Officer and/or Director		City / State / Zip		
P EVANS, WILLIAM		810 NORTH 69TH AVENUE		FORT LAUDERDALE FL 33024		
-D EVANSTARK, JENNIFER		180 GOLLEGE PARK DR, STE JS		FLYRIA OH 44035		
TEVANS, ANN		105 BEVERLY CT, APT-107		ELYRIA OH 44035		
1P JENNIFER EVANS		42218 Griswold RD		ELYRIA OH	44035	
M CATHERINE TI	JENNIFER EVANS  CATHERINE THOMPSON		9320 NWIY STREET		Pembroke Pines, Fl 33024	
				200003469422		
8. Name and Address of C	nt	9. Name and Address 建油油素用如图kelled Agdrin *** (50.100)				
Name						8
LOOMAR, L. GREGORY ESQ			Street Address (P.O. Box Number is Not Acceptable)			
1152 NORTH UNIVERSITY DRIVE	Street Address (P.C		20. BOX NUMBER	THERINE ThompSon  O. Box Number is Not Acceptable)  ONU ILI STREET		
PEMBROKE PINES FL 33024	Suite, Apt. #, Etc.					
			City O State Zip Code			
	·		rembr	oke Pine	S FL	33024
10. 1, 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 Date 10/17/00  Date 10/17/00						
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.						

Daytime Phone #

10-17-00