

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 12 PM 4:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

0980000 56727

1. Corporation Name

Billaria Investment Co.

2. Principal Office Address

359 Hibiscus

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State

Palm Beach

City & State

FL

Zip

33480

County

PB

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/98

5. FEI Number

65-084 7988

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

Lee B Gordon

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

350 Royal Palm Way #403

Suite, Apt. #, Etc.

City

Palm Beach

State
FL

Zip

33480

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

LB Gordon

REGISTERED AGENT MUST SIGN

Date 10-7-01

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
Pres	S.A. Kovsepian	359 Hibiscus	Palm Beach FL 33480

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-7-01

Date

Daytime Phone #

561
F335563

CR2E081 (9/00)