

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 25 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000033011

1. Corporation Name

CILLDARA, Inc.

REINSTATEMENT 03-04

600029405956
02/25/04--01071--020 **908.75

2. Principal Office Address

535 N. Andrews Ave.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Zip

33301

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/7/1999

5. FEI Number

650909930

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

PATRICIA A. RATHBURN

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

217 NE 2nd STREET

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33301

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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date

2-21-04

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
D/P	JAMES GREGORY	535 N. Andrews Ave	FT. LAUDERDALE, FL 33301
D/V/P/S	MARTINA GREGORY	535 N. Andrews Ave	FT. LAUDERDALE, FL 33301
AS	PATRICIA A. RATHBURN	217 NE 2nd Street	FT. LAUDERDALE, FL 33301

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.

JAMES GREGORY, Pres.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES GREGORY, PRESIDENT

Date

2-21-04

Daytime Phone #

954 7646166

CR2E001 (01/04)