


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000033011

1. Entity Name
CILLDARA, INC.



FILED
05 OCT 20 PM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
535 N. ANDREWS AVE.
FORT LAUDERDALE, FL 33301

Mailing Address
535 N. ANDREWS AVE.
FORT LAUDERDALE, FL 33301

Handwritten initials



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT 2005 WOP

4. FEI Number
65-0909930

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RATHBURN, PATRICIA A ESQ.
217 N.E. 2ND STREET
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREGORY, JAMES 535 N. ANDREWS AVE. FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000060819390 10/20/05--01039--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS GREGORY, MARTINA 535 N. ANDREWS AVE. FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Gregory **JAMES Gregory** 10-12-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #