PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P99000086407
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1. Corporation Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THE INTERNATIONAL LICENSING NETWORK, INC.

PILED
VISION OF CORPORATIONS

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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 3. New Mailing Office Address, If Applicable 4. Date Description of Qualified Too Description Florida (9)/29/1999 5. FEI Number 5. FEI Number 65-0956043 Applied in Not Applied Applied in Not A	Principa Place of Business Mailing Addr			ress		1				
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2. New Principal Office Address, if Applicable 3. New Malling Office Address, if Applicable 3. New Malling Office Address, if Applicable 5. FEI Number 65-0956043 Applied If To Do Business in Florida 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Directors 8. Name of Officers and/or Directors 9. Name of Officers and/or Directors 16490 MADDALENA PLACE DELRAY BEACH FL 33446 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name GOLDSCHEIDER, ROBERT 16490 MADDALENA PLACE DELRAY BEACH FL 33446 Sireet Address (P.O. Box Namer is hop/Acceptable) 8. Name and Address of New Registered Agent Name Sireet Address (P.O. Box Namer is hop/Acceptable) Size Address (P.O. Box Namer is hop/Acceptable) Size Address (P.O. Box Namer is hop/Acceptable) Size Agent Address (P.O. Box Namer is hop/Acceptable) Size Address (P.O. Box Namer is hop/Acceptable) Size Agent Address (P.O. Box Namer is hop/Acceptable) Size Agent Address (P.O. Box Namer is hop/Acceptable)	DELNA! DE	EMON FL 3344	•	DEFENT DE	4UH FL 33440					IESI
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Zip Country Certificate of Status Desired Status Desire	City & State	e		City & State			1	65-0956043	· · · · · · · · · · · · · · ·	
Title(s) 2 Name of Officers and/or Directors 3 Street Address of Each Officer and/or Director 4 City/State / Zip D GOLDSCHEIDER, ROBERT 16490 MADDALENA PLACE DELRAY BEACH FL 33446 D GOLDSCHEIDER, JANET A 16490 MADDALENA PLACE DELRAY BEACH FL 33446 S D D D T T T T T T T T T T T T T T T T	Zip		Country	Zip	Coun	Country		= \$8.75 Additional Fee required		
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D GOLDSCHEIDER, ROBERT 16490 MADDALENA PLACE DELRAY BEACH FL 33446	Title(s) Name of Officers		1 -	Officer and/or Director						
B. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Nor Acceptable) Suite, Apt. #, Elc. City State Zip Code State Zip Code			FIDER ROBERT		 	LENA PLACE				
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16490 MADDALENA PLACE DELRAY BEACH FL 33446 Suite, Apt. #, Etc. City State Zip Code FL						Name			-	
16490 MADDALENA PLACE DELRAY BEACH FL 33446 Suite, Apt. #, Etc. City State Zip Code FL	GOLDS	SCHEIDER.	ROBERT							
DELRAY BEACH FL 33446 Suite, Apt. #, Etc. City State Zip Code FL		-				Street Address (I	P.O. Box Number	is NonAcceptable)		CR2E040 (8/01)
City State Zip Code FL						Suite, Apt. #, Etc	· // //	<u>/ - </u>		8
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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.				1		City				
	10. I, being	appointed th	e registered algent of the ac	pove named corpo	oration, am familiar	with and accept the o	bligations of Secti	ion 607.0505, F.S.		
Signature of Registered Agent Abus Bushing Date 10 23 01	Signature of Registered	of Agent	Xobine Th	ililii,	AEQ.	JARED		Date 10 23 C	/	
/ REGISTERED AGENT MUST SIGN		//		REGISTERED AG	ENT MUST SIGN					
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 fill 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 fee 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 indiction on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	this rein: owed by	statement ap	olication, the reason for dis- ion have been paid and the	solution has been names of individ	eliminated, the con luals listed on this fo	porate name satisfies orm do not qualify for	the requirements an exemption und	of section 607.0401 or 617.0	0401, F.S., that all fe	es

Daytime Phone #