

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000086407

1. Corporation Name

THE INTERNATIONAL LICENSING NETWORK, INC.

FILED

02 NOV - 6 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

16490 MADDALENA PLACE
DELRAY BEACH FL 33446

Mailing Address

16490 MADDALENA PLACE
DELRAY BEACH FL 33446

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	4. Date Incorporated or Qualified To Do Business in Florida 09/29/1999
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0956043 Applied For
City & State	City & State	Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GOLDSCHIEDER, ROBERT	16490 MADDALENA PLACE	DELRAY BEACH FL 33446
D	GOLDSCHIEDER, JANET A	16490 MADDALENA PLACE	DELRAY BEACH FL 33446

0000008834620
11/06/02-01116--002 **750.00

8. Name and Address of Current Registered Agent

GOLDSCHIEDER, ROBERT
16490 MADDALENA PLACE
DELRAY BEACH FL 33446

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Robert Goldsneider **REQUIRED**

REGISTERED AGENT MUST SIGN

Date _____

CR2E040 (8/02)

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.

Robert Goldsneider **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/02

Daytime Phone #