


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 16 AM 8:00

REINSTATEMENT 02-04

DOCUMENT # P00000082499
1. Corporation Name
ELABJA CORP.

700043469317
12/16/04--01063--004 **1050.00

MRS

2. Principal Office Address
201 S. Biscayne Blvd.

3. Mailing Office Address
same

Suite, Apt. #, etc.
Ste. @2500

City & State
Miami, Fl.

Zip 33131 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 8/28/00

5. FEI Number 20-1986576 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 Antonio Zamora

Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd.

Suite, Apt. #, Etc.
Ste. 2500

City Miami State FL Zip Code 33131

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 *[Signature]* Date 12-14-2004

REGISTERED AGENT MUST SIGN

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
PD	Elias Cababie	19950 W. Country Club Dr. Ste. 900	Aventura, Fl. 33180
TD	Abraham Cababie	same	same
D	Jacobo Cababie	same	same
S	Antonio Zamora	201 S. Biscayne Blvd. ste. 2500	Miami, Fl. 33131

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]* SECRETARY Date 12-14-2004 (305) 339-5574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (01/04)