PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

02UBR

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

FILED
02 NOV 13 PM 5:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000016457

1. Corporation Name

ELAINE G. & COMPANY, INC.

Principal Place of Business	Mailing Address
106 LAKE EMERALD DRIVE 410 FT. LAUDERDALE FL 33309	106 LAKE EMERALD DR #410 FT. LAUDERDALE FL 33309

000008955990
11/13/02--01019--014 **150.00

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/20/1996

5. FEI Number: 65-0646053 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GREENBERG, ELAINE	106 LAKE EMERALD DR #410	FT. LAUDERDALE FL 33309

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GREEENBERG, ELAINE 106 LAKE EMERALD DRIVE 410 FT. LAUDERDALE FL 33309	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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: Elaine Greenberg SIGNATURE REQUIRED Director
REGISTERED AGENT MUST SIGN

Date: 10/28/02

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.

SIGNATURE: Elaine Greenberg SIGNATURE REQUIRED Director — 10/28/02 — 954-739-3827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Raymond M. DiRocco, CPA
Licensed in Florida
Allan B. Dombrow, CPA
Licensed in Florida, New Jersey, Texas

Commercial Point Plaza
3601 W. Commercial Blvd.
Suite 39
Ft. Lauderdale, FL 33309
Tel: (954) 731-8181
Fax: (954) 739-1054
e-mail: ddcpa@bellsouth.net

DiRocco & Dombrow, P.A.

Certified Public Accountants and Consultants

November 6, 2002

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Elaine G. & Company, Inc.
Document # P96000016457
2002 Uniform Business Report

Gentlemen,

Our client has asked we write on her behalf regarding the missed filling of the 2002 Uniform Business Report.

Please be advised that Ms. Greenberg travels extensively for business related purposes. Because of this and the unfamiliar addressee, this form may have been undeliverable by the US Postal Service.

Ms. Greenberg is adamant that the forms were never received until the reinstatement form arrived, and if you were to check her past payment history with your office, you will see that she has always filed her business reports in a timely manner.

In lieu of the above, we request that you accept the $150.00 filing fee, and abate the reinstatement fee.

Thanking you in advance for your cooperation in this matter.

Sincerely,

Joyce M. Barbera
For the Firm

Enclosures