

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

02 NOV 13

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

DOCUMENT # P96000016457

1. Corporation Name

ELAINE G. & COMPANY, INC.

Principal Place of Business

106 LAKE EMERALD DRIVE
410
FT. LAUDERDALE FL 33309

Mailing Address

106 LAKE EMERALD DR
#410
FT. LAUDERDALE FL 33309

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

D

GREENBERG, ELAINE

106 LAKE EMERALD DR #410

FT. LAUDERDALE FL 33309

8. Name and Address of Current Registered Agent

GREENBERG, ELAINE
106 LAKE EMERALD DRIVE
410
FT. LAUDERDALE FL 33309

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

Elaine Greenberg
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/02 954-739-3927

Daytime Phone #

CR2E040 (8/02)

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 filing of the 2002 Uniform Business Report.

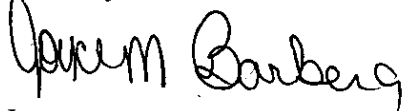
Please be advised that Ms. Greenberg travels extensively for business related purposes. Because of this and the unfamiliar addressee, this form may have been undeliverable by the US Postal Service.

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