

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 DEC -7 PM 4:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 205000022905  
1. Corporation Name  
ELAN COMMERCE FILLFILLMENT SERVICES INC

*[Handwritten Signature]*

**REINSTATEMENT 06-07**

2. Principal Office Address - No P.O. Box #  
2604 POWERS AV.

3. Mailing Office Address

Suite, Apt. #, etc.  
SUITE 2

Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL

City & State  
FL

Zip  
32207

County  
LIS

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida 02/10/2005 *Was*

5. FBI Number 202543928

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  SB 75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
ANDREW R. RIGGSBEE

Street Address (P.O. Box Number is Not Acceptable)  
4223 RICHMOND PARK DR. E.

Suite, Apt. #, Etc.

City  
JACKSONVILLE

State  
FL

Zip Code  
32224

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent *[Signature]*

Date 11.02.07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ALIKON R. MORAN	1308 PLANTATION OAKS DR. N	JACKSONVILLE BEACH FL 32207
D	TIMOTHY S. MORAN	1308 PLANTATION OAKS DR. N.	JACKSONVILLE BEACH FL 32207
D	BETH B. RIGGSBEE	4223 RICHMOND PARK DR. E	JACKSONVILLE FL 32224
D	ANDREW R. RIGGSBEE	4223 RICHMOND PARK DR. E	JACKSONVILLE FL 32224

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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 contained in Chapter 119, 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: ANDREW R. RIGGSBEE  
*[Signature]*

Date 11.2.07 904.739.7390  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

202

Elan Commerce Fulfillment Services, Inc.  
2604-2 Powers Avenue  
Jacksonville, Florida 32207  
904.739.7390

To whom it may concern:

We have never received any correspondence from the division of corporations.  
I was not aware of the address listed for this business for correspondence.  
Please reinstate the corporation and waive the fees.  
Thank You, Andy Riggsbee, President.

