

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # 335797		97 DEC -1 AM 11:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name ELENA ORIGINALS, INC.			
Mailing Address Principal Place of Business 3961 Jog Road Greenacres, Florida 33460 If above addresses are incorrect in any way, line through incorrect information and enter correction below.		DO NOT WRITE IN THIS SPACE	
2. New Mailing Address, If Applicable Same as above		4. Date Incorporated or Qualified To Do Business in Florida 10-1-68	
3. New Principal Office Address, If Applicable		5. FEI Number 59-1223877	
Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip		Country	
City & State		Country	
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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Raskin, Andrew	2100 W. Atlantic Ave.	Delray Beach, FL 33445
VP	Emin, Karen	2100 W. Atlantic Ave.	Delray Beach, FL 33445
VP	Horwitz, Jane	2100 W. Atlantic Ave.	Delray Beach, FL 33445
S/T	Raskin, Monte	2100 W. Atlantic Ave.	Delray Beach, FL 33445
8. Name and Address of Current Registered Agent			
9. Name and Address of New Registered Agent			
Name Andrew Raskin			
Street Address (P.O. Box Number is Not Acceptable) 2100 W. Atlantic Ave.			
Suite, Apt. #, Etc.			
City Delray Beach			
State FL			
Zip Code 33445			
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. Signature of Registered Agent <input checked="" type="checkbox"/> Andrew Raskin REGISTERED AGENT MUST SIGN 300002373473-1 -12/15/97-30063-004 Date ****758.75 ****758.75			
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)			
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. ANDREW RASKIN, President SIGNATURE: <input checked="" type="checkbox"/> Andrew Raskin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 11/25/97 Date Daytime Phone #			

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DAVID A. SCHWARTZ

ATTORNEY AT LAW

8181 WEST BROWARD BOULEVARD
SUITE 204
PLANTATION, FLORIDA 33324

954
TELEPHONE (904) 472-0199
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November 28, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

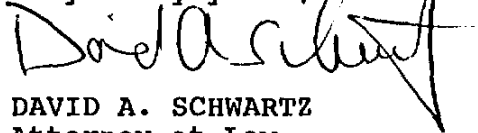
Re: Application for Reinstatement
Elena Originals, Inc.
E.I.N. 59-1223877

Gentlemen:

Enclosed please find an Application for Reinstatement for Elena Originals, Inc., which had been administratively dissolved by your office in 1997. Said Application has been executed by the current President of the Corporation, Andrew Raskin. I further enclose my trust account check number 1247 in the amount of \$758.75, in full payment of the \$750.00 reinstatement fee, plus \$8.75 for a Certificate of Status.

Please return all reinstatement documents directly to my office at 8181 West Broward Blvd., Suite 204, Plantation, Florida as soon as possible. Thank you for your immediate attention to this matter.

Very truly yours,



DAVID A. SCHWARTZ
Attorney at Law

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Enclosures as indicated