

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 667451			
1. Corporation Name E. II. A., Inc.			
2. Principal Office Address 2020 S. Combee Rd. Suite, Apt. #, etc. #12 City & State Lakeland, FL Zip 33801-3834 Country USA		3. Mailing Office Address P.O. Box 1158 Suite, Apt. #, etc. City & State Eaton Park, FL Zip 33840-1158 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 4-22-1980		5. FEI Number 592936160 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Eugene Amrhein			
Street Address (P.O. Box Number is Not Acceptable) 1629 Shady Lane Drive.			
Suite, Apt. #, Etc.			
City Lake Wales		State FL Zip Code 33853	
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 Eugene Amrhein		Date Oct. 23 01	
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
P	Eugene Amrhein	1629 Shady Lane Dr.	Lake Wales, FL 33853
V/S	Pat S. Amrhein	1629 Shady Lane Dr.	Lake Wales, FL 33853
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: Eugene Amrhein		PRES. Oct. 23, 01 6670707	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 31 PM 1:25

CR2001 (2/00)

**C. GEOFFREY VINING, P.A.**

Attorney at Law  
229 S. Kentucky Avenue  
Suite 702  
Lakeland, Florida 33801-5073

Business and Corporations  
Estates, Wills and Trusts  
General Practice

REPLY TO:  
P.O. Box 2525  
Lakeland, FL 33806-2525  
Telephone 863/687-8320  
Fax 863/688-3699  
Email viningg@gte.net

October 24, 2001

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: **E. II. A., Inc.**

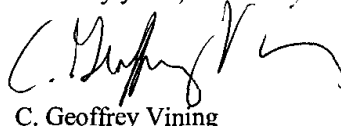
Dear Sir or Madam:

I am hereby submitting an Application for Reinstatement form for the captioned corporation together with a check in the amount of \$150.00. I am hereby requesting that you waive the reinstatement fee for the reason that E. II. A., Inc. is a small corporation with no paid administrative staff and, with only two principals, the annual filing was not accomplished timely.

Accordingly, kindly waive the reinstatement fee, reinstate the corporation, and apply the enclosed remittance to the 2001 annual dues.

Thank you for your kind attention.

Sincerely yours,



C. Geoffrey Vining

CGV/tg  
Enclosures

cc: E. II. A., Inc.