3/31/2017 Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Resubmission, please keep file date of 03/31/2017

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

ELATERAL INC.

Certificate of Status	**0**
Certified Copy	**0**
Page Count	**03**
Estimated Charge	**$1,050.00**

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R. HUNT

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 MAR 31 PM 2:25

DOCUMENT # F14000002671

1. Corporation Name
ELATERAL INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1 Westbrook Corporate Center	1 Westbrook Corporate Center
Suite, Apt. #, etc. Suite 352	Suite, Apt. #, etc. Suite 352
City & State Westchester, IL	City & State Westchester, IL
Zip 60154 Country USA	Zip 60154 Country USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business In Florida
June 20, 2014

5. FEI Number
51-0396708
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S Pine Island Rd

Suite, Apt. #, etc.

City Plantation State FL Zip Code 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Date 03/28/2017

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
PD	KAMEL, ALEXANDER F, P	7663 BUFFALO TRL	CASTLE PINES, CO 80108
C	ELKINS, JOHN	3773 MOUNTAINSIDE TRL	EVERGREEN, CO 80439
SD	GALLIGAN, PETER B.	2952 CLARITON DRIVE	HIGHLANDS RANCH, CO 80126
	REINSTATEMENT		
			MAR 31 2017
			R. HUNT

10. E-mail Address: peter.galligan@elateral.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ Peter B. Galligan CFO APRIL 4, 2017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date