


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<b>SECRETARY OF STATE DIVISION OF CORPORATIONS</b>  00 OCT 20 PM 1:16	
<b>DOCUMENT #</b> F79534 1. Corporation Name <p style="text-align: center;">Mr. Eli, Inc.</p>					
Principal Place of Business			Mailing Address		
3435 BAYSHORE BLVD (1701) TAMPA FL 33629			REINSTATEMENT 92-00		
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>					
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
		3435 BAYSHORE BLVD (1701)		4/29/82	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
		1701		59-2187485	
City & State		City & State		Applied For	
TAMPA FL 33629		TAMPA FL 33629		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$2.75 Additional Fee required for a Certificate of Status</small>	
33629	USA	33629	USA		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)					
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip		
PD	BLUMENFELD ELI	3435 BAYSHORE BLVD (1701)	TAMPA, FL 33629		
STV	GARS, IRWIN	221 N.E. 36 TH ST	MIAMI, FL		
D	ROSEN GERALDINE	420 E 54TH STREET	NYC, N.Y.		
			800003447878-6		
			-11/01/00--01105--022		
			***1950.00 ***1950.00		
			10/10/92		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Mr. Eli Blumenfeld			Name ELI BLUMENFELD		
			Street Address (P.O. Box Number is Not Acceptable)		
			3435 BAYSHORE BLVD (1701)		
			Suite, Apt. #, Etc.		
			1701		
			City	State	Zip Code
			TAMPA	FL	336
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		Date		10-15-00	
REGISTERED AGENT MUST SIGN					
11. 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.)					
12. 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.					
Eli Blumenfeld, President					
SIGNATURE:		Date		Daytime Phone #	
[Signature]		10-15-00			

CR2E040 (12/95)