

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS
DOCUMENT # 1. Corporation Name		00 OCT 20 PM 1:16	
F79534 Mr. Eli, Inc.			
Principal Place of Business 3435 BAYSHORE BLVD (1701) TAMPA FL 33629		Mailing Address DO NOT WRITE IN THIS SPACE REINSTATEMENT 92-00	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable 3435 BAYSHORE BLVD (121)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1701	
City & State		City & State TAMPA FL 33627	
Zip	Country	Zip	Country 33627 USA
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$2.75 Additional Fee required for a certificate of status.			
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	GARIS, IRWIN	221 N.E. 36TH ST	MIRACLE R
D	Rosin GERALDINO	420 E 54TH STREET	NYC. N.Y
		8000003447878	5
		-101/00-01105-022	
		***1950.00 ***1950.00	
		<i>10-15-00</i>	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Mr. Eli Blumenfeld		Name <i>ELI BLUMENFELD</i>	
		Street Address (P.O. Box Number is Not Acceptable) 3435 BAYSHORE BLVD (121)	
		Suite, Apt. #, Etc. 1701	
		City <i>TAMPA</i>	State <i>FL</i> Zip Code <i>33627</i>
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 <i>X</i>		Date <i>10-15-00</i>	
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. <i>Eli Blumenfeld, President</i>			
SIGNATURE: <i>Eli Blumenfeld</i>		Date <i>10-15-00</i>	
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR		Daytime Phone #	