

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000005128

1. Corporation Name

ELEGANT ILLUSIONS INC

Principal Place of Business

542 LIGHTHOUSE AVE., STE 5
PACIFIC GROVE, CA 93950

Mailing Address

542 LIGHTHOUSE AVE., STE 5
PACIFIC GROVE, CA 93950

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1997

5. FEI Number

77-0192727

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GEAR, GAVIN	23745 SPECTACULAR BID LANE	MONTEREY CA
VD	CARDINAL, JAMES	2001 OCEAN STREET	SANTA CRUZ CA
TD	GEAR, TAMARA	23745 SPECTACULAR BID LANE	MONTEREY CA
D	BOKANOVICH, BARBARA	984 LUPIN DRIVE SUITE 5	SALINAS CA 93906
D	HEINZE, JANET	542 LIGHTHOUSE AVENUE, SUITE 5	PACIFIC GROVE CA 93950

8. Name and Address of Current Registered Agent

C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

500024567675

11/10/03--01081--01 State # 263000

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

NASEEM A. CONDE
SPECIAL ASST. SECRETARY

11/6/03

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/2003 (821) 649-1814
Date Daytime Phone #

CR20040 (7/03)

ELEGANT ILLUSIONS, Inc.


November 3, 2003

TO: Florida Department of State
Division of Corporations
Annual Report / Reinstatement Section

To Whom It May Concern:

Please waive reinstatement fee for we did not receive the two prior uniform business report (UBR) notices. Enclosed is a check for the amount of \$150.00, the fee without penalty.

Best regards,



Gavin Gear, President