

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F99000002952

Entity Name: ELAD PROPERTIES, INC.

FILED
Nov 23, 2004
Secretary of State

Current Principal Place of Business:

10132 US HWY 19
PORT RICHEY, FL 34668

New Principal Place of Business:

10128 US HIGHWAY 19
PORT RICHEY, FL 34668

Current Mailing Address:

24296 SEASIDE ROAD
C/O MR. DEANE D. LEWIN
SEAVIEW, VA 23429

New Mailing Address:

108 BAY AVENUE
C/O MR. DEANE D. LEWIN
CAPE CHARLES, VA 23310

FEI Number: 54-1945547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 323010000 US

Name and Address of New Registered Agent:

PLAZA MANAGEMENT GROUP
10128 US HIGHWAY 19
PORT RICHEY, FL 34668 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DENISE TOTOLOS

11/23/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: LEWIN, DEANE D
Address: 24296 SEASIDE ROAD
City-St-Zip: SEAVIEW, VA 23429

Title: DVT () Delete
Name: LEWIN, KURT C
Address: 24296 SEASIDE ROAD
City-St-Zip: SEAVIEW, VA 23429

Title: DS () Delete
Name: LEWIN, SALLY D
Address: 24296 SEASIDE ROAD
City-St-Zip: SEAVIEW, VA 23429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVT (X) Change () Addition
Name: LEWIN, KURT C
Address: 24296 SEASIDE ROAD
City-St-Zip: CAPE CHARLES, VA 23310

Title: DS (X) Change () Addition
Name: LEWIN, SALLY D
Address: 24296 SEASIDE ROAD
City-St-Zip: CAPE CHARLES, VA 23310

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEANE D. LEWIN

CP

11/23/2004

Electronic Signature of Signing Officer or Director

Date