

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

06 JUL -3 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H54081**

1. Corporation Name

**EILORAK INC.**

Principal Place of Business

Mailing Address

**166 SEDONA WAY  
PALM BEACH Gdns  
FL 33418** **SAME**

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

2. New Principal Office Address, If Applicable

**166 SEDONA WAY**

3. New Mailing Office Address, If Applicable

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PALM BEACH Gdns FL**

City & State

Zip

**33418**

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**59-3426509**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **\$375 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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip       |
|----------|-----------------------------------|---|--------------------------|
| 1        | 2                                 | 3   | 4                        |
| P        | T.P. WATERS JR                    | 166 SEDONA WAY  | PALM BEACH Gdns 33418    |
| VTD      | CARDUYN WATERS                    | 166 SEDONA WAY  | PALM BEACH Gdns FL 33418 |
| S        | KATHRYN WATERS                    | 407 ALSTON DR   | ORLANDO FL 32811         |
|          |                                   |   |                          |
|          |                                   |   |                          |
|          |                                   |   |                          |
|          |                                   |   |                          |
|          |                                   |   |                          |

**300077142383**  
07/07/06 01027 003 \*\*2558.75

8. Name and Address of Current Registered Agent

**T.P. WATERS JR  
166 SEDONA WAY  
PALM BEACH Gdns FL 33418**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

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

**T.P. Waters Jr**

Date **6/29/06**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 any signature shall have the same legal effect as if made under oath.

SIGNATURE:

**T.P. Waters Jr**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**T.P. WATERS JR**

**6/29/06 561-624-9805**

Date

Daytime Phone #

CR2E040 (12/95)

*all have*