

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K26588

1. Corporation Name

E & E 27, INC.

Principal Place of Business

Mailing Address

215 COLONIAL LN
PALM BCH FL 33480
US

215 COLONIAL LN
PALM BCH FL 33480
US

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

2. New Principal Office Address, If Applicable
243 Garden Road
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
243 Garden Road
Suite, Apt. #, etc.

City & State
Palm Beach - FL
Zip
33480
Country

City & State
Palm Beach - FL
Zip
33480
Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/1988

5. FEI Number

65-0060878

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	SUERO, EVA T.	699 N MASHTA DR	KEY BISCAYNE FL
D	SUERO-YAHN, EVETTE	215 COLONIAL LN	PALM BCH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUERO, EVETTE
215 COLONIAL LN
PALM BCH FL 33480

Name
EVETTE SUERO - YAHN
Street Address (P.O. Box Number is Not Acceptable)
243 Garden Road
Suite, Apt. #, Etc.

City
Palm Beach

State
FL

Zip Code
33480

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

Evette Suero-Yahn
REGISTERED AGENT MUST SIGN

Date 11-11-2000

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:

Evette Suero-Yahn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-11-2000

Date

Daytime Phone #

FILED

00 NOV 20 AM 11: 01

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

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561-8456625