

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **K56867**

1. Corporation Name
EAST ELAN, CORP.

FILED
96 NOV 12 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% JOSE A. SENDRA 6390 WEST FLAGLER ST. #208 MIAMI FL 33144	% JOSE A. SENDRA 6390 WEST FLAGLER ST. #208 MIAMI FL 33144



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

REINSTATEMENT 1996 *MWB 11-15-96*

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
J.A. SENDRA 613 SE 35 Street Cape Coral FL Zip 33904 Country Lee	J.A. SENDRA P.O. BOX 1335 Cape Coral FL Zip 33910 Country Lee

4. Date Incorporated or Qualified To Do Business in Florida	01/09/1990
5. FEI Number	65-0179088
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/>

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	DENEUMOSTIER, ANGEL	6390 WEST FLAGLER ST#208	MIAMI FL
TD	DENEUMOSTIER, NORMA P.	6390 WEST FLAGLER ST#208	MIAMI FL
SD	DENEUMOSTIER, EDUARDO	6390 WEST FLAGLER ST#208	MIAMI FL
VSD	SENDRA, JOSE A.	6390 WEST FLAGLER ST#208	MIAMI FL

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***375.00 ***375.00

8. Name and Address of Current Registered Agent
SENDRA, JOSE A.
6390 WEST FLAGLER STREET
SUITE 208
MIAMI FL 33144

9. Name and Address of New Registered Agent
Name: JOSE A. SENDRA
Street Address (P.O. Box Number is Not Acceptable): 613 SE 35 Street
Suite, Apt. #, Etc.: Cape Coral FL
City: Cape Coral FL
State: FL
Zip Code: 33904

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: *J.A. Sendra*
REGISTERED AGENT MUST SIGN
Date: 11-6-96

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)(f), 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: *J.A. Sendra*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR: J.A. SENDRA
Date: 11-6-96
Daytime Phone #: 941-949-1757
FAX: 941-549-8969