

# L00000007882

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

03 AUG 15 PM 12:43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L00000007882

1. Limited Liability Company's Name

ELENA ENTERPRISES, LLC

2. Principal Office Address

655 5TH AVE, N

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 365

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida

6-28-2000

City & State

SAFETY HARBOR, FL

City & State

SAFETY HARBOR, FL

Zip 34695

Country USA

Zip 34695

Country USA

6. FEI Number

59-3656659

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JENNIFER C. TRESH

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

655 5TH AVE, N

Suite, Apt. #, Etc.

City

SAFETY HARBOR

State FL

Zip Code

34695

200022355772  
08/15/03--01060--005 \*\*250.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

*Jennifer C. Tresh*

REGISTERED AGENT MUST SIGN

Date 8-06-03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MS.	JENNIFER C. TRESH	655 5TH AVE, N SAFETY HARBOR FL 34695	MGRM
MR.	JAMES TRESH	- SAME -	MGRM
<b>REINSTATEMENT 01-03</b>			
<b>CUS TC</b>			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

*Jennifer C. Tresh*

Date 8-06-03

Daytime Phone# 352.735.9500

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)