

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV -5 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L52241

1. Corporation Name  
ELAN ELECTRIC ENTERPRISE, INC.

Principal Place of Business Mailing Address  
11515 SOUTH BELMACK P.O. BOX 818  
ODESSA FL 33556 ODESSA FL 33556



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/20/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2992385	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	ASHKENAZ, DAVID	11515 S. BELMACK BLVD	ODESSA FL 33556
ST	ASHKENAZ, RICHARD	11515 SOUTH BELMACK BLVD.	ODESSA FL 33556

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\*\*\*\*750.00 \*\*\*\*750.00

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent ASHKENAZ, RICHARD 11515 SOUTH BELMACK BLVD ODESSA FL 33556		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.  
Signature of Registered Agent: Richard Ashkenaz See Treas Date: 10/25/99  
REGISTERED AGENT MUST SIGN

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: Richard Ashkenaz See Treas Date: 10/25/99 813-920-8734  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/98)