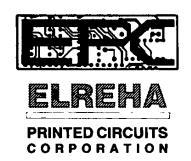
## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT # L96066 FILED ELRÉHA PRINTED CIRCUITS CORPORATION 05 MAY -4 AM 10: 45 SLUKETAKY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2510 TERMINAL DR. SOUTH 2510 TERMINAL DR. SOUTH ST. PETERSBURG, FL 33712 ST. PETERSBURG, FL 33712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEi Number Applied For 59-3027094 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAMADEH, AHMAD Street Address (P.O. Box Number is Not Acceptable) 2510 TERMINAL DR S ST PETERSBURG, FL 33712 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent algusture required when reinstating) FILE NOW!!! FEE IS \$900.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PS ☐ Delete TITLE 400054510484 05/13/05--01046--016 \*\*150.00 ☐ Addition HAMADEH, ABDUL NAME NAME STREET ADDRESS 2510 TERMINAL DR S STREET ADDRESS ST PETERSBURG, FL CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME HAMADEH, AHMAD HAME STREET ADDRESS 2510 TERMINAL DR S STREET ADDRESS ST PETERSBURG, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 400054510484 05/13/05--01046--017 \*\*150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

/28/as

Daytime Phone #



April 28, 2005

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Reinstatement & Waiver of late fee

Dear Sir/Madam:

Last year Elreha Printed Circuits filed the Uniform Business Report form # L96066 online and to our knowledge made payment online via credit card. The online transaction completed and we were unaware that the payment was not processed for our annual renewal. Due the circumstances please accept the \$300 payment enclosed and waive the reinstatement fee or any late charges and reinstate Elreha Printed Circuits for 2004 and 2005.

Kind Regards,

Ahmad Hamadeh, Vice President

**Elreha Printed Circuits** 





