

**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

**FILED**

Read Instructions on Other Side Before Making Entries.  
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # M20638**

ELSA'S HOME INC.  
11700 S.W. 169 TERR.  
MIAMI, FL. 33177

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

**REINSTATEMENT**

97-98

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3. Date Incorporated or Qualified To Do Business in Florida: **9-16-1985**

4. FEI Number: **59-2578175**

FEI Number Applied For

FEI Number Not Applicable

5. **\$8.75 Additional Fee required for a Certificate of Status**  
**CERTIFICATE OF STATUS DESIRED** ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
P.	SERRANO ALBA	11700 S.W. 169 TERR.	MIAMI, FL. 33137

7000002624607-7  
08/25/98-01055-003  
\*\*\*\*900.00 \*\*\*\*900.00

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent

XIOMARA LEE  
9100 S. DADELAND BLVD. 410  
MIAMI, FL. 33156

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

Zip

FL.

9. 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

*Xiomara Lee*

REGISTERED AGENT MUST SIGN

Date **8-3-98**

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

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., and that all fees owed by the corporation 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 Officer or Director

*Alba Serrano*

Date **8-3-98**

Daytime Phone # **305-670-1069**

Typed or printed name of signing officer or director