

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

REINSTATEMENT

DOCUMENT # **M82383**

1. Corporation Name

ELBA LUCY SUAREZ, INC.

Principal Place of Business

**104 AMBER CREEK CIRCLE
CARY, NC 27513**

Mailing Address

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

2. New Principal Office Address, If Applicable

104 Amber Creek Circle

Suite, Apt. #, etc.

City & State

Cary, NC

Zip

27513

Country

Wake

3. New Mailing Office Address, If Applicable

104 Amber Creek Circle

Suite, Apt. #, etc.

City & State

Cary, NC

Zip

27513

Country

Wake

4. Date Incorporated or Qualified To Do Business in Florida

5/24/88

5. FEI Number

65-0088128

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P, D	Elba Lucy Suarez	104 Amber Creek Circle	Cary, NC 27513

**200002239472--8
-07/16/97--01060--011
***1096.25 ***1096.25**

8. Name and Address of Current Registered Agent

9. Name and Address of Now Registered Agent

Name

EDWIN RICARDO

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

330 CAMILO AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/8/97

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **ELBA LUCY SUAREZ**

Date

7/8/97 (919) 468-9143

Daytime Phone #

CR25040 (7-2095)

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June 30, 1997

Florida Department of State
Reinstatement Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: ELBA LUCY SUAREZ, INC.
104 Amber Creek Circle
Cary, NC 27513
FIN 65-0088128

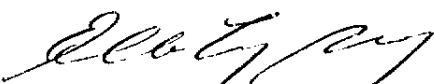
Dear Sir or Madam:

My corporation was administratively dissolved on October 11, 1991 because annual reports were not filed and annual fees were not paid. All annual reports were mailed directly to my attorney but he apparently did not file them. I did not know that the corporation had been dissolved until moving to North Carolina in 1996. During the process of trying to get registered to do business in North Carolina, I discovered the dissolution. Please waive the reinstatement fee of \$585.00. I am including a check for \$1,096.50 to cover the annual fees for the years that the reports were not filed and a certificate of status as follows:

1991 -	61.25
1992 -	61.25
1993 -	200.00
1994 -	200.00
1995 -	200.00
1996 -	200.00
1997 -	165.00
Certificate of Status -	8.75

Please mail the Certificate of Status to Grady, Whitley & Co., CPA's LLP, P.O. Box 99790, Raleigh, NC 27624-9790, Attention: Jennifer Whitman. Thank you for your assistance in this matter.

Sincerely,



Elba Lucy Suarez, President