

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 25 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000009408

1. Corporation Name

ELEON ENTERPRISES CORPORATION

200031359592
03/29/04--01108--005 ***300.00

2. Principal Office Address

919 NE 199TH ST

Suite, Apt. #, etc.

SUITE 103

City & State

MIAMI, FL

Zip

33179-5809

Country

USA

3. Mailing Office Address

919 NE 199TH ST

Suite, Apt. #, etc.

SUITE 103

City & State

MIAMI, FL

Zip

33179-5809

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 01/21/2000

5. FEI Number:

65-0960247

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

ROGERIO F VIEIRA

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

919 NE 199TH ST

Suite, Apt. #, Etc.

SUITE 103

City

MIAMI

State
FL

Zip Code

33179-5809

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 03/19/2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|-----------------------------|
| PVTS | ROGERIO F VIEIRA | R. OLIVEIRA DE SILVA #15 APT 803 | RIO DE JANEIRO, RJ - BRAZIL |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. 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

03/19/2004

Date

(954) 420-0051

Daytime Phone #

b 282

Deerfield Beach, FL March 19, 2004

FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE - FL - 32314

To Whom It May Concern:

~~I would like to inform you that I have a Profit Corporation by the following name:~~

ELEON ENTERPRISES CORPORATION

Doc. # P00000009408

And we have not received the Annual Business Report 2003 and 2004 notice to renew our corporation's name due to the fact we **changed our address**.

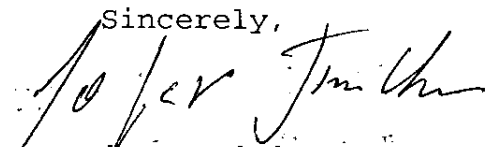
And we come before this honorable Department asking to wave the penalty once we did not received the notice.

Was not our intention to be late with the Department State of Florida, which we honor and respect the laws and regulations.

Please accept this update reinstatement form along with \$ 300,00 to cover the fees from 2003 and 2004 Annual Business Report.

Thank you for your cooperation and concern, and if you have any question or concern regarding this matter, do not hesitate to contact us.

Sincerely,


Rogerio F. Vieira
President

919 NE 99th Street Apt # 103
Miami, FL 33179