

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN 27 PM 1:42

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P00000015108

1. Corporation Name

ELBANNA ENTERPRISE ONE, INC.

2. Principal Office Address

1807 Sea Pine Lane

3. Mailing Office Address

1807 Sea Pine Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange Park Florida

City & State

Orange Park, Florida

Zip

32003

Country

Duval

Zip

32003

Country

Duval

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/2000

5. FEI Number

522218280

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Elbanna, Khalil

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

1807 Sea Pine Lane

Suite, Apt. #, Etc.

City

Orange Park

State

FL

Zip Code

32003

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

REGISTERED AGENT MUST SIGN

Date 6-22-05

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
DPS	Elbanna, Khalil	1807 Sea Pine Lane	Orange Park, Florida 32003

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

Date

Daytime Phone #

6-22-05 9045537374

CR2E081 (01/05)