

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 DEC -3 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0000015114

1. Corporation Name

Elbanna Enterprise Three, Inc.

**REINSTATEMENT** 02

800009315868

12/03/02--01042--018 \*\*6000.00

2. Principal Office Address 800 Dunn Avenue Suite, Apt. #, etc.		3. Mailing Office Address 1807 Sea Pine Lane Suite, Apt. #, etc.	
City & State Jacksonville, Florida		City & State Orange Park, Florida	
Zip 32218	Country USA	Zip 32003	Country USA

4. Date Incorporated or Qualified To Do Business in Florida		2/11/00
5. FEI Number 522217249	Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Khalil Elbanna		
Street Address (P.O. Box Number is Not Acceptable) 800 Dunn Avenue		
Suite, Apt. #, Etc.		
City Jacksonville	State FL	Zip Code 32218

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

Date 11/26/02

REGISTERED AGENT MUST SIGN

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
D/P/S	Khalil Elbanna	8637 Blanding Boulevard	Jacksonville, Florida 32244

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:

11/26/02

(904) 771-5090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

2/12/15