

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 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000015114

1. Corporation Name  
ELBANNA ENTERPRISE THREE, 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  
522217249

Applied For  
Not Applicable

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

REINSTATEMENT 03-05  
500056521155  
06/24/05--01059--012 \*\*1050.00

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 Zip Code  
FL 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, FL 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 #

*[Signature]*

6-19-05

904 553-7374

CR2E081 (01/05)