

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


06 DEC 20 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *DL*

CR2E081 (12/05)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0000015114

1. Corporation Name
ELBANNA ENTERPRISE THREE, INC.

2. Principal Office Address 1807 SEA PINE LANE		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORANGE PARK, FL		City & State	
Zip 32003	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida **2/11/2000**

5. FEI Number **522217249**

Applied For	
Not Applicable	

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

7. Name and Address of Current Registered Agent

Name
KHALIL ELBANNA

Street Address (P.O. Box Number is Not Acceptable)
1807 SEA PINE LANE

Suite, Apt. #, Etc.

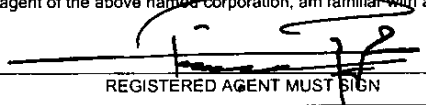
City
ORANGE PARK

State
FL

Zip Code
32003

700082683137
12/20/06--01051--012 **750.00

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 **12-19-06**

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
DPS	KHALIL ELBANNA	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 contained in Chapter 119, 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:  Date **12-19-06** Daytime Phone # **904-553-7374**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on 12/21