

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 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000015117**

**1. Corporation Name**

Elbanna Enterprise Five, Inc.

500009315895  
12/03/02--01042--018 \*\*5000.00

**REINSTATEMENT** 02

**2. Principal Office Address**

2443 S.R. 16

**3. Mailing Office Address**

1807 Sea Pine Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, Florida

City & State

Orange Park, Florida

Zip

32092

Country

USA

Zip

32003

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/11/00

**5. FEI Number**

522217305

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)

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 **11/2/02**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/2/02**

Date

**(904) 771-5090**

Daytime Phone #

CR2E081 (9/01)

9/12/5