

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000047462

1. Corporation Name

ELROD, INC.

Principal Place of Business

315 WENDI LANE  
RUSKIN FL 33570

Mailing Address

315 WENDI LANE  
RUSKIN FL 33570

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/10/2000

5. FEI Number  
59-3649866

Applied For

Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DUNKEL, RODNEY L	315 WENDI LANE	RUSKIN FL 33570

8000004679438--6  
-11/14/01--01090--016  
\*\*\*\*150.00 \*\*\*\*150.00

LS

8. Name and Address of Current Registered Agent

DUNKEL, RODNEY L  
315 WENDI LANE  
RUSKIN FL 33570

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/18/01

11. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodney L. Dunkel

10/18/01

813-684-9005

Date

Daytime Phone #

102

FILED

01 OCT 24 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2ED40 (8/01)

2062

Elrod, Inc.  
315 Wendi Lane  
Ruskin, FL 33570  
(813) 645-4909

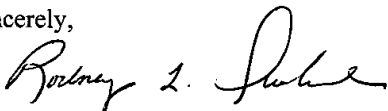
Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314-6327

October 16, 2001

Hello, Sir or Madam:

The purpose of this letter is to request abatement of the penalty for late filing of the Corporation Annual Report. I never received the Corporation Annual Report. My corporation was newly formed last year and I was unaware of the need to file a Corporation Annual Report.

Sincerely,



Rodney L. Dunkel  
President

