


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000008320 1. Entity Name ELLIS & ELLIS ENTERPRISES, INC.					
Principal Place of Business 1228 7 AVE S ST PETERSBURG, FL 33733-2644			Mailing Address 1228 7 AVE S ST PETERSBURG, FL 33733-2644		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ELLIS, BEN 1228 7 AVE S ST PETERSBURG, FL 33733-2644				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u><i>Bryan D Ellis, S</i></u> 27 Sept 06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BING-ELLIS, ALTRELL <input type="checkbox"/> Delete 1228 SEVENTH AVENUE SO. SAINT PETERSBURG, FL 33705		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300080367693 10/02/06--01060--009 **\$300.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELLIS, LORETTA <input type="checkbox"/> Delete 2571 COLUMBUS WAY SO. SAINT PETERSBURG, FL 33712		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Bryan D Ellis, S</i></u> 27 Sept 06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED
06 OCT -2 PM 3: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09272006 REIN-P CR2E098 (11/05) 06

4. FEI Number
59-3700834 Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City **FL** Zip Code

(NOTE: Registered Agent signature required when reinstating)

DATE

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

BR 10/3