


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAY 13 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800120844108  
05/13/10--01030--008 \*\*158.75

**CORPORATION REINSTATEMENT**  
  
**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** P01000014778  
 1. Corporation Name  
 ELIA REALTY INC.

2. Principal Office Address - No P.O. Box # 676 WEST PROSPECT RD		3. Mailing Office Address P.O. BOX 1711	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT. LAUDERDALE FL		City & State POMPANO BEACH FL	
Zip 33309	Country USA	Zip 33061	Country USA

CR2E081 (4/10)

4. Date Incorporated or Qualified To Do Business In Florida	2-7-2001
5. FEI Number	651073658
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 - Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
INTERNATIONAL CONSULTANTS & INVESTS GROUP

Street Address (P.O. Box Number is Not Acceptable)  
676 WEST PROSPECT RD

Suite, Apt. #, Etc.

City  
FT. LAUDERDALE

State  
FL

Zip Code  
33309

**PROFIT CORPORATIONS ONLY**

The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 5-10-10

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
P	GEORGE ELIA	676 WEST PROSPECT RD,	FT. LAUD FL 33309
D	DARLENE ELIA	676 WEST PROSPECT RD.	FT. LAUD. FL 33309

10. E-mail Address: GEORGEELIA@HOTMAIL.COM  
 (To be used for future annual report notification)

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. I further certify, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5-10-10

Daytime Phone #