

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 16 AM 8:00

DOCUMENT # P01000026202

1. Corporation Name

ELCA INVESTMENT CORP.

**REINSTATEMENT** 02-04

2. Principal Office Address

201 S.Biscayne Blvd.

3. Mailing Office Address

same

200043469282

12/16/04--01063--003 \*\*1050.00

Suite, Apt. #, etc.

Ste.2500

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida 3/9/01

5. FEI Number

20-1986901

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

Miami, Fl.

City & State

Zip

33131

Country

USA

Zip

Country

**7. Name and Address of Current Registered Agent**

Name

Antonio Zamora

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

201 S.Biscayne Blvd.

Suite, Apt. #, Etc.

ste. 2500

City

Miami

State  
FL

Zip Code  
33131

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12.14.2004

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
PD	Elias Cababie	19950 W.Country Club Dr. Ste. 900	Aventura, Fl 33180
S	Antonio Zamora	201 S. Biscayne Blvd. Ste.2500	Miami, Fl. 33131

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY 12-14-04 379-5574

Date

Daytime Phone #

CR2C081 (01/04)