

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000051067

1. Corporation Name

WARREN L. ELMBLAD, INC.

Principal Place of Business

1433 DEERBOURNE DRIVE  
WESLEY CHAPEL FL 33543

Mailing Address

1433 DEERBOURNE DRIVE  
WESLEY CHAPEL FL 33543

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/22/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ELMBLAD, WARREN L	1433 DEERBOURNE DRIVE	WESLEY CHAPEL FL 33543

400009155344  
11/21/02--01099--013 \*\*150.00

8. Name and Address of Current Registered Agent

ELMBLAD, WARREN L  
1433 DEERBOURNE DRIVE  
WESLEY CHAPEL FL 33543

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Warren L. Elblad*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11/1/02

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:

*Warren L. Elblad*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/02  
Date

813-732-6053  
Daytime Phone #

CR2E040 (8/02)

# Warren L. Elmblad Inc.

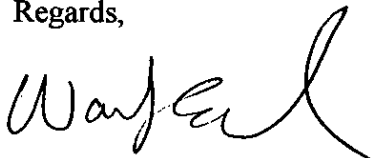
## Technical Consulting

November 1, 2002

Department of Corporations  
P.O. Box 8327  
Tallahassee, FL 32314-6327

This is to request a waiver of the reinstatement fee for Warren L. Elmblad, Inc. As an officer of this corporation, I certify that we did not receive the two prior uniform business report (UBR) notices. I am making this request in accordance with the instructions included with the reinstatement application attached and am including the standard fee to file the report of \$150 per the same instructions. Please notify my office if there is any additional information required.

Regards,



Warren L. Elmblad  
President