

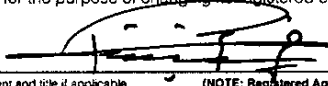
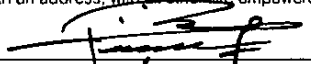


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000060794 1. Entity Name ELBANNA ENTERPRISE EIGHT, INC.						FILED 05 JUN 27 PM 1:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1350 S. WALNUT ST. STARKE, FL 32091				Mailing Address 1807 SEA PINE LN. ORANGE PARK, FL 32003			
2. Principal Place of Business 1807 Sea Pine Lane		3. Mailing Address 1807 Sea Pine Lane		 REINSTATEMENT 04-05 <small>05082003 UGDEIN PC 03 082E098 (5/04)</small>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Orange Park, Florida		City & State Orange Park, Florida					
Zip 32003		Country Duval		Zip 32003		Country Duval	
4. FEI Number 52-2331132				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ELBANNA, KHALIL 1807 SEA PINE LANE ORANGE PARK, FL 32003				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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 6-22-05			
FILE NOW!!! FEE IS \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P <input type="checkbox"/> Delete NAME ELBANNA, KHALIL STREET ADDRESS PO BOX 14329 CITY-ST-ZIP JACKSONVILLE, FL 32238				TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Elbanna, Khalil STREET ADDRESS 1807 Sea Pine Lane CITY-ST-ZIP Orange Park, Florida 32003			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 6-22-05 Daytime Phone # 904 553 7374			