

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 AUG -1 AM 10:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000060794

1. Corporation Name

ELBANNA ENTERPRISE EIGHT, INC.

Principal Place of Business

Mailing Address

1350 S. WALNUT ST.
STARKE FL 32091

1807 SEA PINE LN.
ORANGE PARK FL 32003

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

06/15/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

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
Pres	Khalil Elbanna	P.O. Box 14329	Jacksonville FL 32238

200021965492
07/31/03--01057--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALTERS, MICHAEL A
50 N. LAURA ST., #2200
JACKSONVILLE FL 32202

Name Khalil Elbanna

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

1807 Sea Pine Lane

Suite, Apt. # Etc

City

Orange Park

State

FL

Zip Code

32003

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

6-16-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-28-03 904 5537374