PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT		S	DEPARTMENT OF STATE secretary of State sion of corporations		04 JUL 1	3 PM12: 26	
1. Corporat	JMENT # P010 tion Name ELO SALES AND I		G INC.			TALLAHAS	RY DF STATE SEE. FLORIDA	
, ,			1 -	3. Mailing Office Address 979 WEST 25 AVE		REINSTATEMENT 02-04		
7979 WEST 25 AVE			Suite, Apt. #, etc.				MRD	
Suite, Apt. #, etc. SUITE 4			SUITE 4		4. Date Incorporated or Qualified			
City & State			City & State		}	siness in Florida 09/05/2		
HIALEAH, FLORIDA			HIALEAH, FLORIDA		5. FEI Numb	er	✔ Applied For Not Applicable	
^{Zip} 33016	Country		Zip 33016	Country USA	6. CERTIFICAT	E OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
			7. N	ame and Address of Current Regis	tered Agent			
Signature of	Street Address (P.O. Box Number is Not Acceptable) 7979 WEST 25 AVE Suite, Apt. #, Etc. SUITE 4 City HIALEAH 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligated Registered Agent					State Zip Code 33016 ion 607.0505 or 617.0503,		
negistered /	Agent	RE	GISTERED AG	ENT MUST SIGN		Date		
9. Names	and Street Addresses of	Each Officer and	Vor Director (Flo	rida nonprofit corporations must list a		1		
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip			
PD	JORGE L. PULIDO		7979 WEST 25 AVE-SUITE 4		HIALEAH, FL 33016			
					4 07/2	0003964 8/0401042	13564 017 **450.00	
			-					
this rein	nstatement application, the y the corporation have be	e reason for diss en paid and the	olution has been names of individ	npowered to execute this application a eliminated, the corporate name satist uals listed on this form do not qualify f we the same legal effect as if made ur	fies the requirement or an exemption und nder oath.	s of section 607.0401 or 6 der section 119.07(3)(i), F.	17.0401, F.S., that all fees	
SIGNATURE: JULY 12, 2004 SIGNATURE DED TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #							Daytime Phone #	

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TO: DIVISION OF CORPORATION P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM FOR THE YEARS 2002, 2003 & 2004 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

JORGÉ L. PULIDO

PRESIDENT