

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000102236

1. Corporation Name

ELLER INDUSTRIES, INC.

Principal Place of Business

1511 BCH DR. SE  
ST. PETERSBURG FL 33701

Mailing Address

1511 BCH DR. SE  
ST. PETERSBURG FL 33701

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

2. New Principal Office Address, If Applicable

5510 Haines Road

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5510 Haines Road

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33714

Country

USA

City & State

St. Petersburg, FL

Zip

33714

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/23/2001

5. FEI Number

04-3598794

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D/C CEO	ELLER, SEAN	1511 BCH DR. SE	ST. PETERSBURG FL 33701
P/S	Wastak, Daniel C.	1053 Pinellas Bayway S	Tierra Verde, FL 33715

600008632946  
10/28/02--01110--013 \*\*750.00

8. Name and Address of Current Registered Agent

ELLER, SEAN  
1511 BCH DR. SE  
ST. PETERSBURG FL 33701

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

*[Signature]*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/22/2002

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/2002

Date

727-867-0200

Daytime Phone #

CR2040 (8/02)