PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR - -REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

P01000102236 DOCUMENT #

1. Corporation Name

ELLER INDUSTRIES, INC.

2. New Principal Office Address If Applicable 55/0 Haines Koad

Principal Place of Business

Mailing Address

1511 BCH DR. SE ST. PETERSBURG FL 33701

Suite, Apt. #, etc.

1511 BCH DR. SE

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

ST. PETERSBURG FL 33701

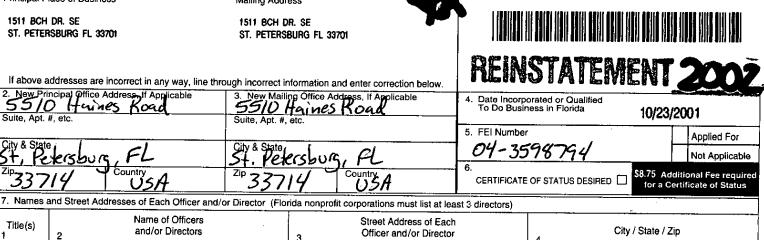
3. New Mailing Office Address, If Applicable SSID Haines Road
Suite, Apt. #, etc.



FILED

02 OCT 28 PM 3: 58

SEGNETARY OF STATE TALLAHASSEE, FLORIDA



Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director	City / State / Zip
DIC	ELLER, SEAN	1511 BCH DR	. SE	ST. PETERSBURG FL 33701
P/5	Wastak, Daniel C.	1053 PA	nellas Bayway S	Tierra Verde, FL 33715
~~ .				
				00008632946 8/0201110013 **750.00
- ,	Name and Address of Current Register	ed Agent	9. Name a	nd Address of New Registered Agent
			Name	
ELLER, SEAN 1511 BCH DR. SE			Street Address (P.O. Box Number is Not Acceptable)	
ST. PETERSBURG FL 33701			Suite, Apt. #, Etc.	
	and a sufficient superior desire that the superior and the superior desired the superior desired to th	\	City	State Zip Code
10. I, being	appointed the registered agent of the above name	d corporation, am familiar	with and accept the obligations of S	

Signature of Registered Agen

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR