

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000017071

1. Corporation Name

ELLEN AVERILL ENTERPRISES, INC.

Principal Place of Business

3339 LIGHTHOUSE POINT LANE
JACKSONVILLE FL 32250

Mailing Address

3339 LIGHTHOUSE POINT LANE
JACKSONVILLE FL 32250

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/2002

5. FEI Number

80-0006849

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	AVERILL, ELLEN M	3339 LIGHTHOUSE POINT LANE	JACKSONVILLE FL 32250

000024054050
10/23/03--01070--025 **150.00

8. Name and Address of Current Registered Agent

AVERILL, ELLEN M
3339 LIGHTHOUSE POINT LANE
JACKSONVILLE FL 32250

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

Ellen M. Averill, Agent
REGISTERED AGENT MUST SIGN

Date

10-22-03

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:

Ellen M. Averill, Pres. Inc.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-03 904-792-7206

CR2E040 (7/03)

October 22, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: 2003 Uniform Business Report (UBR)
Document# P02000017071
Ellen Averill Enterprises, Inc.

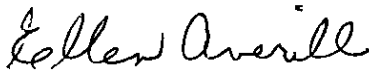
Dear Manager of the Division:

This letter is a request to abate the penalty and accept this payment for renewal of J.D. Ungerer Enterprises, Inc.

The corporation is new and I did not receive any reports before receiving this one, I was not aware one would be sent or money was due. Where or how previous mailings did not reach me is a mystery but is not the first time mail has not reached the destination at my current address.

Enclosed is check #1859 in the amount of \$150.

Thank you,



Ellen Averill, president
Ellen Averill Enterprises, Inc.

Ellen Averill – Ellen Averill Enterprises, Inc.
33339 Lighthouse Pt. Ln.
Jacksonville, FL 32250
(904) 992-7206