

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 AUG 17 AM 8:00

DOCUMENT # P12000054255

1. Corporation Name

ELTON LEE, INC

2. Principal Office Address

2355 BLANDING BLVD

Suite, Apt. #, etc.  
#

City & State

ORANGE PARK, FL

Zip

32068

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 03-04

MRS

4. Date Incorporated or Qualified  
To Do Business in Florida

06-01-02

5. FEI Number

03-0447939

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ELTON CANNADY

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

11752 MANDARIN FOREST DR.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32223

300040262893  
08/17/04--01078--002 \*\*908.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

[Signature]

Date 5-10-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PRES</u>	<u>ELTON CANNADY</u>	<u>11752 MANDARIN FOREST DR</u>	<u>JACKSONVILLE, FL 32223</u>

10. 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]

ELTON CANNADY - PRES

5-10-04

904-571-5807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)