PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000112312

1. Corporation Name

ELK MANAGEMENT, INC.

Principal Place of Business

Mailing Address

152 PALOMA DRIVE CORAL GABLES FL 33143 152 PALOMA DRIVE CORAL GABLES FL 33143 FILED

03 DEC - 1 AM 8: 49

SECRETARY OF STATE TALLAHASSEE, FLORIDA

If above a	ddresses are	incorrect in any way, line th	rough incorrect in	iformation and	enter correction belo	Hell	NO IF	40 Flancenan		
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili				ng Office Addre	4.	Date Incorporated or Qualified To Do Business in Florida 10/17/2002				
Suite, Apt. #, etc. Suite, Apt. #,				etc			5. FEI Number Applied For			
City & State City & S				ate					Not Applicable	
Zip Country			Zip Countr		Country	6.	CERTIFICATE	OF STATUS DESIRED	8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer and	/or Director (Flo	rida nonprofit c	orporations must list	t at least 3 c	lirectors)			
Title(s)	2	Name of Officers and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip				
D	D ELKAYAM, RAPHAEL				152 PALOMA DRIVE			CORAL GABLES FL 33143		
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	8. Nam	ne and Address of Curren	t Registered Age	ı ent		9. Name and Address of New Registered Agent				
			- · · · · ·		Name		•			

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

KLEIN, BRENT D

SUITE 1901 MIAMI FL 33131

801 BRICKELL AVENUE

REGISTERED AGENT MUST SIGN

Date V

State

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.

Suite, Apt. #, Etc.

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

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-03

Daytime Phone #

CH2E040 (7/03

ELK Management 152 Paloma Drive Coral Gables, FL 33143

November 12, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re:

ELK Management, Inc.

EIN: Applied For

Dear Sir or Madam:

I am writing this letter to notify your office that the above referenced corporation never received the two prior Uniform Business Report (UBR) notices for 2003.

As per your instructions, I am enclosing a check for \$150.00 and an application for reinstatement. Please reinstate the corporation to active status.

Very truly yours,

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RAPHAEL ELKAYAM,

Director

RE:clw

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कारव्यक्त पूर्ण के कहें । ए ता का का को है के ता होता के दार क्षेत्र शृह के वातुमकार हो । अपना वा का कहातु वह कहें । ए ता का का को है के ता होता के दार क्षेत्र शृह के वातुमकार हो । अपना

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

P02000112312 DOCUMENT

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ELK MANAGEMENT, INC.

Principal Place of Business

Mailing Address



7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofil corporations must list at least 3 directors) Title(s) 2 Name of Officers and/or Directors 3 Street Address of Each Officer and/or Directors 4 City / State / Zip D ELKAYAM, RAPHAEL 152 PALOMA DRIVE CORAL GABLES FL 33143 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent KLEIN, BRENT D 801 BRICKELL AVENUE SUITE 1901 MIAMI FL 33131	152 PALOMA DRIVE CORAL ON BLES FL 33143			152 PALOMA CORAL GAB	DRIVE Les fl 33143						
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country System Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) 2 Name of Officers and/or Directors 3 Street Address of Each Officer and/or Director Coral Gables Ft. 33143 City / State / Zip CORAL Gables Ft. 33143	If above	addresses are ir	ncorrect in any way, line th	rough incorrect i	nformation and	d enter correction below.					
Suite, Apt. #, etc. Suite, Apt. #, etc.					ing Office Addr	ress, If Applicable	To Do Rusiness in Florida				
City & State City & State City & State Country Country Country Certificate of Status Desired City State Zip Code FL City State Zip Code Certificate of Status Desired Normal Address of New Registered Agent Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #. Elc. City State Zip Code FL City State City State City State Certificate of Status Desired Normal Address of New Registered Agent Name Name	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			10/17/2002				
Zip Country Country G. CERTIFICATE OF STATUS DESIRED S3.75 Additional Fee reg 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) 2 Name of Officers and/or Directors 3 Street Address of Each Officer and/or Director 4 City / State / Zip D ELKAYAM, RAPHAEL 152 PALOMA DRIVE CORAL GABLES FL 33143. 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name KLEIN, BRENT D 801 BRICKELL AVENUE SUITE 1901 Suite, Apl. #, Etc. City State Zip Code FL	City & Stat	te		City & State	wa.						
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Officer and/or Directors 3 Officer and/or Director 4 City / State / Zip CORAL GABLES FL 33143 152 PALOMA DRIVE CORAL GABLES FL 33143 CORAL GABLES FL 33143 Description of the property	7. Names	and Street Addr	esses of Each Officer and	or Director (Flo	rida nonprofit d	corporations must list at lea	st 3 directors)				
8. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Suite 1901 MIAMI FL 33131 State Zip Code FL Zip Code	Title(s) and/or Directors				3						
KLEIN, BRENT D 801 BRICKELL AVENUE SUITE 1901 MIAMI FL 33131 Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	D ELKAYAM, RAPHAEL				152 PALON	MA DRIVE		CORAL GABLES FL 33143			
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Signature of Pagistered Agent Date	Signature of Registered	t Agent			<u>. </u>	<u>-</u>		Date			
REGISTERED AGENT MUST SIGN			RE	GISTERED AGE	ENT MUST SIG	3N					

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SIGNATURE: