

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

152 PALOMA DRIVE
CORAL GABLES FL 33143

Mailing Address

152 PALOMA DRIVE
CORAL GABLES FL 33143

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

10/17/2002

5. FEI Number

☒ 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	ELKAYAM, RAPHAEL	152 PALOMA DRIVE	CORAL GABLES FL 33143

500025129735

12/01/03--01083--022 **150.00

8. Name and Address of Current Registered Agent

KLEIN, BRENT D
801 BRICKELL AVENUE
SUITE 1901
MIAMI FL 33131

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

REGISTERED AGENT MUST SIGN

Date ✓

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-25-03

CR2E040 (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

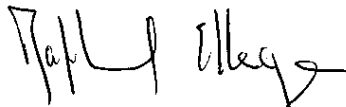
Re: ELK Management, Inc.
EIN: Applied For

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,



RAPHAEL ELKAYAM,
Director

RE:clw

Enclosures

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