

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000001147

1. Entity Name  
ELAKMAN ENGINEERING INC.



Principal Place of Business  
13180 N CLEVELAND AVE STE 122  
N FT MYERS, FL 33903

Mailing Address  
13180 N CLEVELAND AVE STE 122  
N FT MYERS, FL 33903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09182006 REIN-P CR2E098 (11/05)

4. FEI Number  
57-1143321

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELAKMAN, SY  
13180 N CLEVELAND AVE STE 122  
N FT MYERS, FL 33903

7. Name and Address of New Registered Agent

Name  
Michael Barrington

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

13180 N Cleveland Ave Suite 122

City  
N. Ft. Myers

FL

Zip Code  
33903

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael Barrington

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Sept 25/06

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ELAKMAN, SY  
13180 N CLEVELAND AVE STE 122  
N FT MYERS, FL 33903 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VST  
BARRINGTON, MICHAEL A  
13180 N. CLEVELAND AVE., STE 122  
N FT MYERS, FL 33903 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
100080691621  
10/10/06--01064--002 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Michael Barrington  
13180 N Cleveland Ave. Suite 122  
N Ft Myers FL 33903 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Barrington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 25/06

Date

239-218-4138

Daytime Phone #

FILED

06 OCT -2 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

06

