

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 19 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 03000040432

1. Corporation Name

Elder Planning Partners, Inc.

000104567050
06/19/07--01053--004 **\$08.75

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

4996 Eagle Cove N. Dr

3. Mailing Office Address

4996 Eagle Cove N. Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

Zip

34685

Country

USA

Zip

34685

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/03

5. FEL Number

20-0210660

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
William K. Lovelace

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

401 S. Lincon Ave.

Suite, Apt. #, Etc.

City
Clearwater

State
FL

Zip Code
33756

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

William K. Lovelace

Date

5-31-07

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
Pres	Robert C. Pollock	4996 Eagle Cove N Dr.	Palm Harbor, FL 34685
Sec	Robert C. Pollock	4996 Eagle Cove N. Dr.	Palm Harbor, FL 34685

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 contained in Chapter 119, 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:

Robert C. Pollock

Robert C. Pollock

6/6/07

Date

727-641-2672

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

rc 6/20