

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC 14 AM 94

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *EL Senyah, Inc*

1. Corporation Name

PO3 0000 58 037

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

13675 Hwy 27 N

Suite, Apt. #, etc.

3. Mailing Office Address

None

Suite, Apt. #, etc.

City & State

Ocala

City & State

Zip

34482

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/27/2003

5. FEI Number

86-1073196

☐ 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

Gary G. Haynes

Street Address (P.O. Box Number is not acceptable)

13675 Hwy 27 N

Suite, Apt. #, etc.

None

City

Ocala

State

FL

Zip Code

34482

700188656117
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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

REGISTERED AGENT MUST SIGN

Date

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
<i>P</i>	<i>Gary G. Haynes</i>	<i>13675 Hwy 27 N</i>	<i>Ocala, FL 34482</i>
<i>V</i>	<i>Sandra B. Haynes</i>	<i>"</i>	<i>"</i>

10. E-mail Address: *eisenyah@hotmail.com*

(To be used for future annual report notification)

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. Further certify, 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

12/13/10

Date

Daytime Phone #

12/14/10