

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 27 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000076752

1. Corporation Name

ELAY INTERNATIONAL COMPANY

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

10090 NW 80 CT

3. Mailing Office Address

10090 NW 80 CT

Suite, Apt. #, etc.

1241

Suite, Apt. #, etc.

1241

City & State

Hialeah Gardens, Florida

City & State

Hialeah Gardens, Florida

Zip

33016

Country

Miami-Dade

Zip

33016

Country

Miami_Dade

900152891859
04/27/09--01060--020 **1500.00

REINSTATEMENT 04-09

4. Date Incorporated or Qualified
To Do Business in Florida

July 14, 2003

5. FEI Number

☒ 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

Eleazar A Gonzalez

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

10090 NW 80 CT

Suite, Apt. #, Etc.

1241

City

Hialeah Gardens

State

FL

Zip Code

33016

☒ 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

Date 04/23/2009

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
P	Eleazar A Gonzalez	10090 NW 80 CT #1241	Hialeah Gardens, FL. 33016

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:

Eleazar A Gonzalez

04/23/2009

305-244-2773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #