

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 JAN 29 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *PO40000 11014*

1. Corporation Name  
*a POC By Elena CORP.*

2. Principal Office Address - No P.O. Box #  
*6824 NW 169 St*

3. Mailing Office Address  
*6824 NW 169 St*

City & State  
*Hialeah, FL*

City & State  
*Hialeah, FL*

Zip Country  
*33014 USA*

Zip Country  
*33014 USA*

500117605485  
02/08/08--01020--027 \*\*600.00  
CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida  
*01-14-2004*

5. FEI Number  
*59-3777272*

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
*Efrain Warens*

Street Address (P.O. Box Number is Not Acceptable)  
*6824 NW 169 St*

Suite, Apt. #, Etc.

City  
*Hialeah*

State  
**FL**

Zip Code  
*33014*

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  
*Efrain Warens*

REGISTERED AGENT MUST SIGN

Date  
*1-28-08*

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>Efrain Warens</i>	<i>2301 SW SAN ANTONIO</i>	<i>Palm City FL 34990</i>

**REINSTATEMENT**

**RH** *1-08*

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: *Efrain Warens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
*1-28-08*

Daytime Phone #  
*(786) 419-7924*