

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 APR 16 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P04000102772		1. Entity Name ELOHIM, CORP.	
Principal Place of Business 15055 SW 57 TERR MIAMI, FL 33193		Mailing Address 15055 SW 57 TERR MIAMI, FL 33193	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03132009 REIN-P CR2E098 (1/07)

4. FEI Number 20-1348498		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLORES, RICARDO 15055 SW 57 TERR MIAMI, FL 33193		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete FLORES, RICARDO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15055 SW 57 TERR	NAME	
STREET ADDRESS	MIAMI, FL 33193	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete FLORES, MERCEDES	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15055 SW 57 TERR	NAME	200150711502
STREET ADDRESS	MIAMI, FL 33193	STREET ADDRESS	04/16/09--01046--028 **\$300.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINSTATEMENT	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RH	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ (NOTE: Signature and typed or printed name of signing officer or director) Date _____ Daytime Phone # _____