PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 DEC -7 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000022905

1. Corporation Name
ELAN COMMERCE FULFILLMENT SERVICES INC

REINSTATEMENT CR2E081 (1/07) 06-07

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2604 POWERS AV.	
Suite, Apt. #, etc. SUITE 2	Suite, Apt. #, etc.
City & State JACKSONVILLE, FL	City & State FL
Zip 32207 Country US	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 02/10/2005

5. FEI Number 20-2543928 ☐ 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: ANDREW R. RIGGSBEE
Street Address (P.O. Box Number is Not Acceptable): 4223 RICHMOND PARK DR. E.
Suite, Apt. #, Etc.:
City: JACKSONVILLE State: FL Zip Code: 32224

☑ 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: 11.02.07
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
D	AILEEN R. MORAN	1308 PLANTATION OAKS DR. N	JACKSONVILLE BEACH FL 32207
D	TIMOTHY S. MORAN	1308 PLANTATION OAKS DR. N.	JACKSONVILLE BEACH FL 32207
D	BETH B. RIGGSBEE	4223 RICHMOND PARK DR. E	JACKSONVILLE FL 32224
D	ANDREW R. RIGGSBEE	4223 RICHMOND PARK DR. E	JACKSONVILLE FL 32224

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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.

ANDREW R. RIGGSBEE
SIGNATURE: _____ 11.2.07 904.739.7390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Elan Commerce Fulfillment Services, Inc.
2604-2 Powers Avenue
Jacksonville, Florida 32207
904.739.7390

To whom it may concern:

We have never received any correspondence from the division of corporations.
I was not aware of the address listed for this business for correspondence.
Please reinstate the corporation and waive the fees.
Thank You, Andy Riggsbee, President.