

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 26 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000101125

1. Corporation Name

ELS CONSTRUCTION, INC.

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

115 Secret Harbour Lane

3. Mailing Office Address

115 Secret Harbour Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar Beach, FL

City & State

Miramar Beach, FL

Zip

32550

Country

USA

Zip

32550

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/2005

5. FEL Number

20-3622666

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

TAX HOUSE CORP.

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

1100 S Federal Hwy - Second Floor

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33441



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

Tax House Corp.

REGISTERED AGENT MUST SIGN

Date **06/18/2008**

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
Pres	EDMILSON SILVA	115 Secret Harbour Lane	Miramar Beach, FL

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:

EDMILSON SILVA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/18/2008

Date

954-692-1806

Daytime Phone #