

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000113028

1. Entity Name  
ELI MANAGEMENT SERVICES, INC.



FILED

07 OCT 18 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
300 OAKLAND PARK BLVD. #341  
OAKLAND PARK, FL 33334

Mailing Address  
300 OAKLAND PARK BLVD. #341  
OAKLAND PARK, FL 33334

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country



4. FEI Number  
20-3358079

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELY, THOMAS M  
300 OAKLAND PARK BLVD. #341  
OAKLAND PARK, FL 33334

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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 10/9/07

FILE NOW!!! FEE IS \$150.00  
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ELY, THOMAS M  
STREET ADDRESS 300 OAKLAND PARK BLVD. #341  
CITY-ST-ZIP OAKLAND PARK, FL 33334

TITLE  
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CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #