CAPITAL CONNECTION 850 222 1222 11/10 '98 15:40 NO.976 02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 12 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000088189

1. Corporation Name

ELLMAN'S, INC

Principal Place of Business: 5230 CARROLL CANYON ROAD, Suite 300, San Diego, CA. 92121

Mailing Address: (SAME)

700002742267--7
-01/14/99--01100--020
****150.00 ****150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/20/93

5. FEI Number: 65-0462719 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	ELLMAN, JULIAN	5230 CARROLL CANYON Rd. San Diego CA. 92121	SAN DIEGO, CA. 92121
D	SILVER, ROY	5230 CARROLL CANYON Rd	SAN DIEGO, CA 92121
S	SUDAR, ALAN	5230 CARROLL CANYON ROAD	SAN DIEGO, CA. 92121
	REINSTATEMENT 98-98		

700002742267--7
-01/14/99--01100--021
****750.00 ****750.00

8. Name and Address of Current Registered Agent

BERK, ARTHUR
730 N. MCNAB Rd
Ft. Lauderdale, FL 33309

9. Name and Address of New Registered Agent

Name: SUSAN MAURER Esq.
Street Address (P.O. Box Number is Not Acceptable): 3600 N. FEDERAL HWY
Suite, Apt. #, Etc.: Suite 200
City: Ft. LAUDERDALE
State: FL
Zip Code: 33308

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: _____ Date: 12/30/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: Julian Ellman 12/30/98 (619) 587-0014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JULIAN ELLMAN