

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081157

1. Corporation Name

ELY ENTERPRISE INC.

Principal Place of Business

Mailing Address

5985 W. 25th Court #105
Hialeah, FL 33016

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

2. New Principal Office Address, If Applicable
9281 SW 22 Terr.

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida 11/04/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
65-0532182

Applied For

Not Applicable

City & State
Miami, -FL

City & State

Zip Country

Zip Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

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
P	Luis Pereira	9281 SW 22 Terr.	Miami, FL
			500003368355--3 -08/23/00--01025--023 ***1000.00 ***1000.00
			500003368355--3 -08/23/00--01025--024 ***500.00 ***500.00

8. Name and Address of Current Registered Agent

Vladimir Leyva
5985 W. 25th Court #105
Hialeah, FL 33016

9. Name and Address of New Registered Agent

Name
Luis Pereira

Street Address (P.O. Box Number is Not Acceptable)
9281 SW 22 Terr.

Suite, Apt. #, Etc.

City
Miami, FL

State
FL

Zip Code

LS

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

REGISTERED AGENT MUST SIGN

Date

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (1/98)