

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 22 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081157

1. Corporation Name

ELY ENTERPRISE, INC.

1701 WEST FLAGLER STREET
1701 WEST FLAGLER STREET

2. Principal Office Address

1701 WEST FLAGLER STREET

3. Mailing Office Address

1701 WEST FLAGLER STREET

Suite, Apt. #, etc.

215

Suite, Apt. #, etc.

215

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33135

Country

Zip

33135

Country

4. Date Incorporated or Qualified

To Do Business in Florida 11/04/1994

5. FEI Number

65-0532182

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT - 2-54

7. Name and Address of Current Registered Agent

Name

VICENTE A. RAMIREZ

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

1701 WEST FLAGLER STREET

Suite, Apt. #, Etc.

215

City

MIAMI

State

FL

Zip Code

33135

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

[Signature]

Date

6/17/04

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
PD	VICENTE A. RAMIREZ	1701 WEST FLAGLER ST # 215	MIAMI, FL 33135

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/17/04 (305) 5417405

Daytime Phone #