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**APPLICATION
FOR 96-97
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

97 JUN 30 AM 11:16

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT #**

Elsie, Inc.
7421 West Upper Ridge
Parkland, Florida 33067

P95000014490

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address **300002228983--6**

-07/02/97--01053--010

City and State

****923.75 ****923.75

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

Feb. 21, 1995

4. FEI Number

65-0558133

FEI Number Applied For

FEI Number Not Applicable

5. **\$8.75 Additional Fee required for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED ☒

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P	Paul Furnas	7421 West Upper Ridge	Parkland, FL 33067
S	Colette Furnas	7421 West Upper Ridge	Parkland, FL 33067

REINSTATEMENT 96-97

A. Alan
6/30/97

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Paul Furnas
7421 West Upper Ridge
Parkland, FL 33067

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

FL.

Zip

9. 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6/27/97

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

[Signature]

Date 6/27/97

Daytime Phone # (954) 341-2438

Typed or printed name of signing officer or director

Paul Furnas

CR2E040 (\$92)