

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000019168

1. Corporation Name

ELLIE CORP. OF AMERICA

2. Principal Office Address

2820 BUTLER BAY DR. N.

Suite, Apt. #, etc.

3. Mailing Office Address

4400 LEE HWY.

Suite, Apt. #, etc.

309

City & State

WINDERMERE FLORIDA

City & State

ARLINGTON VIRGINIA

Zip

34786

Country

U.S.A.

Zip

22207

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 8, 1995

5. FEI Number

59-3302753

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

600025401226
12/10/03--01071--002 **1200.00

7. Name and Address of Current Registered Agent

Name

TERRIE MAGARINO

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

2820 BUTLER BAY DRIVE NORTH

Suite, Apt. #, Etc.

City

WINDERMERE

State

FL

Zip Code

34786

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

T. Magarino
REGISTERED AGENT MUST SIGN

Date 12-9-2003

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
PTS V	Terrie Magarino	2820 Butler Bay Drive North	Windermere FL 34786

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:

T. Magarino Terrie Magarino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-9-2003

Date

Daytime Phone #

(703)

415-3722

CR2E081 (10/02)