

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -1 PM 12:33

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000015594

1. Corporation Name

ELHI, Inc.

2. Principal Office Address - No P.O. Box

2968 Ravenswood Road

Suite, Apt. #, etc.

107 and #108

City & State

Ft. Lauderdale, FL

Zip

33312

Country

USA

3. Mailing Office Address

2968 Ravenswood Road

Suite, Apt. #, etc.

107 + 108

City & State

Ft. Lauderdale, FL

Zip

33312

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Chartered
To Do Business in Florida

2/20/1996

5. FEI Number

65-0645652

Applied For

☒ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Edison L. Irvine

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

2968 Ravenswood Road

Suite, Apt. #, Etc.

107 and #108

City

Ft. Lauderdale

State

FL

Zip Code

33312

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date X 9.26.07

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
D	Edison L. Irvine	2968 Ravenswood Road #107 and #108	Ft. Lauderdale, FL 33312
			B 10/3/07

REINSTATEMENT

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10/01/07--01035--005 **1200.00

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 contained in Chapter 119, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 9.26.07 X 954.581.2221

Date

Daytime Phone #