


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 AUG 29 AM 11:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA 500059383165 09/07/05--01016--010 **1358.75	
DOCUMENT # <u>P960000 2016D</u> <small>1. Corporation Name</small> <u>Eluster Richardson INC</u>				
<small>2. Principal Office Address</small> <u>7056 Bradfordville Rd</u> <small>Suite, Apt. #, etc.</small>		<small>3. Mailing Office Address</small> <small>Suite, Apt. #, etc.</small>		
<small>City & State</small> <u>Tallahassee FL</u>		<small>4. Date Incorporated or Qualified To Do Business in Florida</small> <u>3-5-96</u>		
<small>Zip</small> <u>32308</u> <small>Country</small>		<small>5. FEI Number</small> <u>59-3382703</u> <small>Applied For</small> <small>Not Applicable</small>		
<small>City & State</small>		<small>6. CERTIFICATE OF STATUS DESIRED</small> <input checked="" type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>		
7. Name and Address of Current Registered Agent				
<small>Name</small> <u>Eluster Richardson</u>				
<small>Street Address (P.O. Box Number is Not Acceptable)</small> <u>7056 Bradfordville Rd</u>				
<small>Suite, Apt. #, Etc.</small>				
<small>City</small> <u>Tallahassee</u>		<small>State</small> <u>FL</u> <small>Zip Code</small> <u>32308</u>		
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.				
<small>Signature of Registered Agent</small> <u>X [Signature]</u>		<small>Date</small> <u>08/29/05</u>		
REGISTERED AGENT MUST SIGN				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
<small>Titles</small>	<small>Name of Officers and/or Directors</small>	<small>Street Address of Each Officer and/or Director</small>	<small>City / State / Zip</small>	
<u>Pres.</u>	<u>Eluster Richardson</u>	<u>7056 Bradfordville Rd</u>	<u>Tallahassee, FL 32308</u>	
<u>V.P.</u>	<u>Lessie Richardson</u>	<u>7056 Bradfordville Rd</u>	<u>Tallahassee, FL 32308</u>	
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: <u>X [Signature]</u>		<small>Date</small> <u>08/29/05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>		

I Eluster Richardson did not receive my "97"
Annual Report for Eluster Richardson, INC.
Doc # PGW00020160.

Eluster Richardson 08/29/05