PLEASE READ APPLICATION	ALL INSTRI	UCTIONS DEPART (E) India B ecretary of S	BEFORE TO STATE	OMPLET	ING THIS FORM.	9
DOCUMENT # P96000044840  1. Corporation Name				FILED 99 APR 14 PH 3: 42		
ELEVATOR CAB & CONTROL, INC.  Principal Place of Business Mailing Address				SEGRETARY OF STATE TALLAHASSEE, FLORIDA		
FT. LAUDERDALE FL 33309 FT. LAUDERDA 1975 Tigertail Blvd. 1975 Tig		gertail Blvd. Florida 33004		1 10 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2 New Principal Office Address, If Applicable 1975 Tigertail Blvd. Dania Suite, Apt. #, etc  City & State Dania, Florida Zip Country	3 New Mailing C	Office Address, If A	Applicable  1., Dania	To Do Busir 5. FEUNumber	65-0674923 Not Applica	ble
33004 Broward  7. Names and Street Addresses of Each Officer and/or Title(s) Name of Officers and/or Directors	33004	nonprofit corpora	ward	( ast 3 directors) i	for a Certificate of State  City / State / Zip	15
PTD DAVIS, PERRY		3 (Do NOT Use Post Office Box Numbers)  6301 N.W. 5TH WAY, #3600 1795 Tigertail Blvd.			FT. LAUDERDALE FL 99309 Dania, Fl. 33004	
VPS BAN, NORMA		6301 N.W. 5TH WAY, #3600 1975 Tigertail Blvd.			FT LAUDERDALE FL 33309 Dania, Fl. 33004	
			- 	3	000028485431 -04/23/9301007009 *****300.00 *****308.00	
8. Name and Address of Current Registered Agent  DAVIS, PERRY  8301 N.W. 5TH WAY, #3600  FT. LAUDERDALE FL 33309		9. Name and Address of New Registered Agent  Name  Same  Street Address (P.O. Box Number is Not Acceptable)  1975 Tigertail Blvd.  Suite, Apt. #, Etc  City  State   Zip Code			CR2E040 (9/98)	
10. I, being appointed the registers agent of the above named corporation, am familiar with an Signature of Registered Agent REGISTERED AGENT MUST SIGN  11. This corporation owes or has paid the current year					FL 33004 on 607,0505, F.S Date 4/7/99	
Intangible Personal Property  12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolution.	y tax due Ju er or trustee empow ution has been elim ames of individuals	vered to execute thinated, the corpor listed on this form	Yes X  this application as prate name satisfies a do not qualify for a	rovided for in cha the requirements an exemption und		ed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99 Date

(954) 922-7621

## **ELEVATOR CAB & CONTROL, Inc.**

1975 Tigertail Blvd. • Dania, Florida 33004

Local: (954) 922-7621 • Dade - North Broward - Palm Beach: (800) 323-2880 • Fax: (954) 922-3673

April 7, 1999

Ms. Sandra B. Mortham Secretary of State Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Application for Reinstatement, Document #P96000044840

Dear Ms. Mortham:

Our company was incorporated in May, 1996. The annual fee for 1997 was paid in March, 1997. The mailing address listed on the annual report is the address of the accounting firm who handled the transaction for us. At the time we did not know the location we would use. The address was inadvertently never changed, so the annual report packet went to the accountant's address, 6301 N.W. 5th Way. In the meantime, the accounting firm was sold and I can only assume that these forms got misplaced until I received them in the mail today.

I was in touch with your office immediately and explained my tale of woe. I was advised to write a letter of explanation and send a check in the amount of \$300.00 for reinstatement; otherwise the fee would be \$900.00. I ask for your leniency and understanding under the circumstances.

Also, does this amount include the 1999 annual filing fee? If not, I will need these documents, as I have not received them.

Very truly yours,

ELEVATOR CAB & CONTROL, INC.

Norma Ban

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