

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



98-00AK
Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUN -2 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000096631

1. Corporation Name
ELLINIS CORPORATION

2. Principal Office Address
c/o Thomas J. Skola, Esq.
5201 Blue Lagoon Drive

Suite, Apt. #, etc.
Suite 100

City & State
Miami, FL

Zip Country
33126-2065 Miami-Dade

3. Mailing Office Address
c/o Thomas J. Skola, Esq.
5201 Blue Lagoon Drive

Suite, Apt. #, etc.
Suite 100

City & State
Miami, FL

Zip Country
33126-2065 Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida 11/27/96

5. FEI Number 65-0714141
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Thomas J. Skola, Esq.

Street Address (P.O. Box Number is Not Acceptable)
5201 Blue Lagoon Drive

Suite, Apt. #, Etc.
Suite 100

City
Miami,

State Zip Code
FL 33126-2065

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1485.00 *450.00

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 May 16, 2000

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
P/T	Nicholas G. Mavris	c/o Thomas J. Skola, Esq. 5201 Blue Lagoon Dr., Ste. 100	Miami, FL 33126-2065
S	Thomas J. Skola, Esq.	5201 Blue Lagoon, Dr., Ste. 100	Miami, FL 33126-2065
			SP

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: Thomas J. Skola, Esq., Secretary 5/16/00 305-260-1014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #