

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 13 PM 12:56

DOCUMENT # P97000003504

1. Corporation Name

ELAINE'S HOME ACCENTS, INC.

Principal Place of Business

Mailing Address

~~5165 LAKE VALENCIA BLVD. WEST~~
~~PALM HARBOR FL 34684~~

~~5165 LAKE VALENCIA BLVD. WEST~~
~~PALM HARBOR FL 34684~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

30527 US Hwy 19

639 Michigan Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Harbor, FL

Dunedin, FL

Zip

Country

Zip

Country

34684

USA

34698

USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEJ Number

59-3416924

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	IACOLINO, DEBORAH E	5165 LAKE VALENCIA BLVD. WEST 639 Michigan Blvd #700	PALM HARBOR FL 34684 Dunedin, FL 34698

7000004700857--1
-11/30/01--01070--020
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IACOLINO, DEBORAH E

~~5165 LAKE VALENCIA BLVD. WEST~~
~~PALM HARBOR FL 34684~~

Name

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

639 Michigan Blvd

Suite, Apt. #, Etc.

#700

City

Dunedin

State

Zip Code

FL

34698

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Deborah E Iacolino
REGISTERED AGENT MUST SIGN

Date

11/6/2001

11. 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:

Deborah E Iacolino Deborah E Iacolino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

#727-785-9636

11/6/2001

CR2E040 (8/01)