PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FORREINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P9700003504**

1. Corporation Name

ELAINE'S HOME ACCENTS, INC.

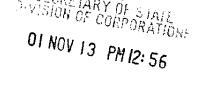
Principal Place of Business

SIGNATURE:

Mailing Address

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



	-Valencia Blyd. West - 30r fl 94684 -	-5166-LAKE-VALENCIA-BLVD-WEST								
If above addresses are incorrect in any way, line through incorrect information and enter correction below.									Γ (
New Principal Office Address, If Applicable 3. New Mailin			ng Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida				
30527 US Hwy 19 63 Suite, Apt. #, etc. Suite, Apt. #.			9 Michigan Blud			DIGITAL II LA II C V 01/07/1997				
# -7						5. FEJ Number	1000 1		Applied For	
City & State Pam Harbor, FL Dune						6			Not Applicable	
Zip 34684 USA Zip 3469			98 Country USA			CERTIFICATE OF STATUS DESIRED Control Status Desired 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				
D	IACOLINO, DEBORAH E	639 Michigan Bl				PALM HARBOR FL 34684 Dunedin, FL 34698				
					N	o	000047			
					· · · · · · · · · · · · · · · · · · ·	·	-11/30/1 	0101070 9 .00** *)020 • ∗750.00	
							Mila			
							h			
8. Name and Address of Current Registered Agent					, 	9. Name and A	ddress of New Registered Agent			
Name					Name				£	
IACOLINO, DEBORAH E							D. Box Number is Not Acceptable)			
5165 LAKE VALENCIA BLVD. WEST. - PALM HARBOR FL 34684				Suite, Apt. #, Etc.					0826	
				1	<u> </u>			State Zip Co	ede	
				_	Dune	din per		FL 34	1698	
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 Date 11/4/2001 REGISTERED AGENT MUST SIGN										
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 filling 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 and by the corporation have been reliabled and the present of individuals listed on this form do not qualify for an examption under section 110.07(2)(i) F.S. The information indicated										