

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 26 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA7000030156**

1. Corporation Name

ELI KAUFFMAN ENT. INC.
2150 59TH ST
Sarasota FL 34243

REINSTATEMENT 03-04

700029410227
02/25/04--01070--024 **900.00

2. Principal Office Address

Same

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota

City & State

FLA

Zip

34243

Country

USA

Zip

34243

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

April 2 1997

5. FEI Number

65-0810945

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

ELI KAUFFMAN

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

2150 59TH ST

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code

34243

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

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
Sec/Treas	Becky Kauffman	2150 59TH ST	Sarasota FL 34243
Pres	ELI Kauffman	2150 59TH ST	Sarasota FL 34243

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:

ELI KAUFFMAN Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELI KAUFFMAN
PRESIDENT

Date

2/16/04

Daytime Phone #

941-378-2853

CR2E081 (10/02)