

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -1 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000044430

1. Corporation Name

ELD, ELECTRICAL LIGHTING AND DESIGNS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 71
ESTERO FL 33928-0071

P.O. BOX 71
ESTERO FL 33928-0071



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

REINSTATEMENT 03-04

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0754740

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ELADEL, ELADEL M	1706-4 PARK MEADOWS DRIVE	FORT MYERS FL 33907
D	LOESCHNER, THOMAS P	P.O. BOX 71 N/A	ESTERO FL 33928
			400025761514 03/03/04--01027--003 **150.00
			400025761514 12/26/03--01012--001 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELADEL, ELADEL M
1706-4 PARK MEADOWS DRIVE
FORT MYERS FL 33907

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Eladel M. Eladel
REGISTERED AGENT MUST SIGN

Date

12/15/03

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)(l), 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:

Eladel M. Eladel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/04 (239) 936-8488

CR2ED40 (7/03)