

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JUN -6 PM 3:28

DOCUMENT # P97000058230

1. Corporation Name

Elkhorn, Inc.

2. Principal Office Address - No P.O. Box # 5801 Collins Avenue		3. Mailing Office Address 2474 Secoffee Terrace	
Suite, Apt. #, etc. Suite 700		Suite, Apt. #, etc.	
City & State Miami Beach, FL		City & State Coconut Grove, FL	
Zip 33140	Country US	Zip 33131	Country US

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	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
Law Offices of Jacqueline Hernandez-Valdos, PA

Street Address (P.O. Box Number is Not Acceptable)
2474 Secoffee Terrace

Suite, Apt. #, Etc.

City
Miami, Florida

State
FL

Zip Code
33133

Reinst. 2009-2014

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06/19/14--01006--017 **1535.00
DC 6/24/14

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
D	Jose Iglesias	5801 Collins Avenue, Suite 700	Miami Beach, FL 33140

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Iglesias

Date 5/20/14 Daytime Phone