

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 OCT 17 AM 9:19

DOCUMENT # P97000084366

1. Corporation Name

EIKELAND ENTERPRISES, INC.

Principal Place of Business

2007 VERSAILLES CT
TALLAHASSEE FL 32308

Mailing Address

2007 VERSAILLES CT
TALLAHASSEE FL 32308



REINSTATEMENT 01

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

4. Date Incorporated or Qualified To Do Business in Florida

09/30/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3490379

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
PS	EIKELAND, SHIRLEY M.	2007 VERSAILLES CT	TALLAHASSEE FL 32308
VT	EIKELAND, JAMES M. S	2007 VERSAILLES CT	TALLAHASSEE FL 32308
D	Eikeland, Erik B.	3230 Archer Rd # 247	Gainesville, FL 32608
			900004654409--5 -10/26/01--01023--009 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EIKELAND, JAMES M
2007 VERSAILLES CT
TALLAHASSEE FL 32308

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.

Signature of Registered Agent

James M. Eikeland
REGISTERED AGENT MUST SIGN

Date

10/16/01

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:

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

10/16/01
Date

656-6571
Daytime Phone #