

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

99/00 WBR
CORPORATION REINSTATEMENT
OFFICE OF THE SECRETARY OF STATE
Trine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:13

DOCUMENT # **P98000011787**

1. Corporation Name

EBL ENTERPRISES, INC.

2. Principal Office Address

148 SAN PAULO CIR

Suite, Apt. #, etc.

City & State

WEST MELBOURNE, FL

Zip

32904

Country

BREVARD

3. Mailing Office Address

148 SAN PAULO CIR

Suite, Apt. #, etc.

City & State

WEST MELBOURNE

Zip

32904

Country

BREVARD

4. Date Incorporated or Qualified To Do Business in Florida

2/5/1999

5. FEI Number

59-3491563

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

EVELYN B. LEKIC

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

148 SAN PAULO CIR

Suite, Apt. #, Etc.

City

WEST MELBOURNE

State

FL

Zip Code

32904

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

Evelyn B. Lekic
REGISTERED AGENT MUST SIGN

Date

4/24/00

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/P/S	EVELYN B. LEKIC	148 SAN PAULO CIRCLE	WEST MELBOURNE FL 32904

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:

Evelyn B. Lekic
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
Date

(321) 952-0928
Daytime Phone #

CR2E081 (9/99)