

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P 98000026098*

1. Corporation Name

ELEA'S IMAGE, INC.

2. Principal Office Address

14138 82 LANE NORTH

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FLORIDA

Zip

33470

USA

3. Mailing Office Address

14138 82 LANE NORTH

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FLORIDA

Zip

33470

Country

USA

7. Name and Address of Current Registered Agent

Name

ELEA HARRISON

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

14138 82 LANE NORTH

Suite, Apt. #, Etc.

City

LOXAHATCHEE

FILED

05 FEB 15 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

02-05

WOP

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1998

5. FEI Number

650828008

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED



\$8.75 Additional Fee required
for a Certificate of Status

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

Elea Harrison

Date *02/11/2005*

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
DP	<i>ELEA HARRISON</i>	<i>14138 82 LANE NORTH</i>	<i>LOXAHATCHEE, FL 33470</i>
VPT	<i>ELEA HARRISON</i>	<i>14138 82 LANE NORTH</i>	<i>LOXAHATCHEE, FL 33470</i>
			<i>100047786341</i>
			<i>03/07/05--01005--009 **600.00</i>

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: *Elea Harrison*

ELEA HARRISON

02/11/2005 561-790-1129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)