


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000045063**

1. Corporation Name

EKL ENTERPRISES, INC.

Principal Place of Business

**1531 ASTER DRIVE
WINTER PARK FL 32792**

Mailing Address

**1531 ASTER DRIVE
WINTER PARK FL 32792**

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

2. New Principal Office Address, If Applicable

UNIT-116

WINTER PARK FL

32792

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/1998

5. FEI Number

59-3514016

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BLANCHE, JOHN F	1531 ASTER DRIVE	WINTER PARK FL 32792
D	BLANCHE, JUDITH	1531 ASTER DRIVE	WINTER PARK FL 32792

300004711283--1

12/06/01-01034-013

******150.00 ****150.00**

8. Name and Address of Current Registered Agent

**BLANCHE, JOHN F
1531 ASTER DRIVE
WINTER PARK FL 32792**

9. Name and Address of New Registered Agent

Name **Blanche John F**
Street Address (P.O. Box Number is Not Acceptable)
2716 N Forsyth Rd
Suite, Apt. #, Etc.
UNIT 116
City **Winter Park FL** State **FL** Zip Code **32792**

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

REGISTERED AGENT MUST SIGN

Date

7/10/01/2001

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:

John Blanche

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/2001 671-3113

EKL *ENTERPRISES, INC.*

2716 N. Forsyth Road Winter Park, FL 32792 Tel: 407-671-3113

TO:
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

7 NOVEMBER, 2001

RE:
EKL ENTERPRISES, INC.
NOTICE OF ADMINISTRATIVE DISSOLUTION

To whom it may concern,

We respectfully request a possible reconsideration of the revoked authority to transact business in the state of Florida of EKL Enterprises, inc. The notice of dissolution had been sent to an address other the address of the said corporation. Please note the correct address in the letterhead.

Sincerely,



John Blanche
President
EKL Enterprises, inc.