

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Dec 11, 2002 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **P98000091483**

1. Corporation Name

**ELEGANTLY HANDLED, INC.**

Principal Place of Business

3533 MCNAIR WAY  
LEXINGTON KY 40513  
US

Mailing Address

3533 MCNAIR WAY  
LEXINGTON KY 40513  
US



**REINSTATEMENT 02**

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

10/27/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3539964

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
D	<del>FELEDY, MELIA H</del> HORD, MELIA F.	3533 MCNAIR WAY	LEXINGTON KY 40513
D	HORD, CHARLES W II	3533 MCNAIR WAY	LEXINGTON KY 40513

100009472411  
12/11/02--01060--024 \*\*758.75

8. Name and Address of Current Registered Agent

~~MARTINEZ, ARELIO~~  
~~6232 SUNSHINE STREET~~  
~~ORLANDO FL 32809~~

9. Name and Address of New Registered Agent

Name **Judy Johnson**  
Street Address (P.O. Box Number is Not Acceptable)  
**12714 Amber Avenue**  
Suite, Apt. #, Etc.  
City **Clermont** State **FL** Zip Code **34711**

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**  
*Judy Johnson*  
REGISTERED AGENT MUST SIGN

Date

12-04-02

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:

**SIGNATURE REQUIRED**  
*Melina F. Hord*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/26/02

Daytime Phone #

859-219-1818