

sent 1.28.10 Tyne

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -8 AM 11:51

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000092141

1. Corporation Name

Eledent, P.A.

REINSTATEMENT

2. Principal Office Address - No P.O. Box #

801 S Federal Hwy

Suite, Apt. #, etc.

suite 105

City & State

Delray Bch., FL

Zip

33483

Country

U.S.A.

3. Mailing Office Address

801 S. Federal Hwy

Suite, Apt. #, etc.

suite 105

City & State

Delray Bch., FL

Zip

33483

Country

U.S.A.

600168247936

02/08/10--01067--007 **450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

10.29.1998

5. FEI Number

650875279

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

Eledent, Jacob

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

801 S. Federal Hwy

Suite, Apt. #, Etc.

suite 105

City

Delray Bch., FL

State

FL

Zip Code

33483

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Jacob Eledent

REGISTERED AGENT MUST SIGN

Date

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
Resident	Jacob Eledent	801 S. Federal Hwy	Delray Bch., FL, 33483

02/01/10 01046 MILLIGAN, J. - \$600.00
EXAMINER

FEB -9 2010

2/1/10 01046 014- \$600.00

10 E-mail Address: bary1@bellsouth.net

(To be used for future annual report notification)

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. I further certify 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:

Jacob Eledent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #