


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P99000018093

1. Corporation Name

ROBERT E. ELLIOTT, INC.

Principal Place of Business

4302 BEAU RIVAGE
LUTZ FL 33558

Mailing Address

4302 BEAU RIVAGE
LUTZ FL 33558

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

2. New Principal Office Address, If Applicable

4209 Woodstorks Walkway
Suite, Apt. #, etc. #107

3. New Mailing Office Address, If Applicable

P.O. Box 1751
Suite, Apt. #, etc.

City & State

Lutz Florida

City & State

Tampa Florida

Zip 33558

Country USA

Zip 33601

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/1999

5. FEI Number

59-3561618

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	ELLIOTT, ROBERT E	4302 BEAU RIVAGE	LUTZ FL 33558

8. Name and Address of Current Registered Agent

ELLIOTT, ROBERT E
4302 BEAU RIVAGE
LUTZ FL 33558

9. Name and Address of New Registered Agent

Name

Stanley A Tarkow, Esquire

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

6812 South Paul Street

Suite, Apt. #, Etc.

Suite 201

City

Tampa

State

FL

Zip Code

33612

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



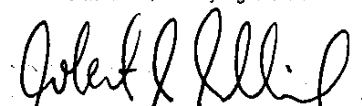
REGISTERED AGENT MUST SIGN

Date

11/29/04

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:

 Robert E Elliott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/2004

Date

813 220-7520

Daytime Phone #

FILED

05 JAN 11 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-05

CR2ED40 (7/03)