

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FOR
REINSTATEMENT

DOCUMENT # P99000025161

1. Corporation Name

"ELITE ERRANDS UNLIMITED INC."

Principal Place of Business

Mailing Address

4601 POND APPLE DR SOUTH
QUAIL CREEK ESTATES
NAPLES FL 34119

4601 POND APPLE DR SOUTH
QUAIL CREEK ESTATES
NAPLES FL 34119

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

03/15/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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
P	Joyce L. KELLAHAN	4601 POND APPLE DR.S QUAIL CREEK ESTATES	NAPLES, FL 34119
T	Joyce L. KELLAHAN	4601 POND APPLE DR.S QUAIL CREEK ESTATES	NAPLES, FL 34119
S	Joyce L. KELLAHAN	4601 POND APPLE DR.S QUAIL CREEK ESTATES	NAPLES, FL 34119
V	Joyce L. KELLAHAN	4601 POND APPLE DR.S QUAIL CREEK ESTATES	NAPLES, FL 34119
			800003471158--2 11/20/00 01143-007 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KELLAHAN, JOYCE L
4601 POND APPLE DR SOUTH
QUAIL CREEK ESTATES
NAPLES FL 34119

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

10-16-00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce L. KELLAHAN

Date

Daytime Phone #

10-16-00 941-593-9410

②

HH.
P99-25161

October 16, 2000

To Whom It May Concern:

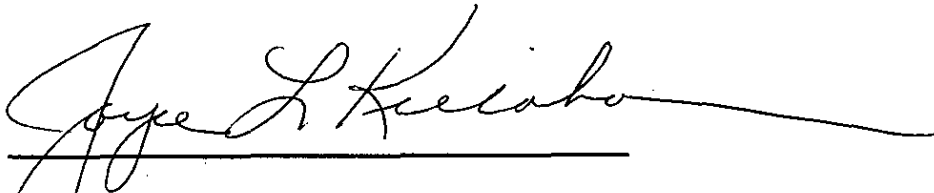
I am writing this letter to ask to have the penalty waived for not filing my 2000 corporation annual report/uniform business report.

I never received the 2000 corporation annual report/uniform business reports.

Enclosed is my reinstatement application and a check for \$158.75.

Please consider waiving the penalty and I will assure you that I will contact your office if I don't receive the form again next year.

Thank you for your help in this matter.

A handwritten signature in cursive script, reading "Joyce L. Kellahan", written over a horizontal line.

Joyce L. Kellahan
Elite Errands Unlimited, Inc.
4601 Pond Apple Drive S.
Naples, FL 34119
941-593-9410