

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 20 PH 12: 07

DOCUMENT # P99000045925

1. Corporation Name

ELM Court Reporting Service, Inc.

2. Principal Office Address

161 Tollgate Branch

Suite, Apt. #, etc.

3. Mailing Office Address

161 Tollgate Branch

Suite, Apt. #, etc.

City & State

Longwood, Florida

Zip

32750

Country

USA

City & State

Longwood, Florida

Zip

32750

Country

USA

**REINSTATEMENT** 00-06

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

1999

5. FEI Number

165-0942366

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

Erin Mahoney Pallard

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

161 Tollgate Branch

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32750

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

Erin Mahoney Pallard

REGISTERED AGENT MUST SIGN

Date

3/16/06

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
<u>V/P/T/A</u>	<u>Erin Mahoney Pallard</u>	<u>161 Tollgate Branch</u>	<u>Longwood, FL 32750</u>

400069057034

03/30/06--01051--009 \*\*1050.00

10. 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 contained in Chapter 119, 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:

Erin Mahoney Pallard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Erin Mahoney Pallard

Date

Daytime Phone #

3/16/06

407-488-7035

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ELM COURT REPORTING SERVICE, INC.  
161 Tollgate Branch  
Longwood, Florida 32750

March 26, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Please be advised I did not receive the annual report notices beginning from the year 2000 forward. I respectfully request the reinstatement fee be waived for the years 2000 – 2006.

I have enclosed the annual report and supplemental fees for the years 2000 – 2006, along with my application for reinstatement.

Thank you,



Erin Mahoney Pallard  
Elm Court Reporting, Inc.  
President