

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 DEC -6 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000047120

1. Corporation Name

ELA INVESTMENTS, INC
2421 BUTTERNUT COURT
DUNEDIN, FL 34698

2. Principal Office Address

2421 BUTTERNUT CT

Suite, Apt. #, etc.

City & State

DUNEDIN, FL

Zip

34698

Country

3. Mailing Office Address

SAMIE

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/25/99

5. FEI Number

59-3577489

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

~~Corporation General Company~~

IOAN VIOREL MIHAILA

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

~~1001 Rays Street~~

2421 BUTTERNUT COURT

Suite, Apt. #, Etc.

City

DUNEDIN

State
FL

Zip Code 34698

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

Date 12/05/00

REGISTERED AGENT MUST SIGN

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
P	IOAN V. MIHAILA	2421 BUTTERNUT CT DUNEDIN, FL 34698	
S	AUGUSTIN C. NEMET	2421 BUTTERNUT CT DUNEDIN, FL 34698	

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****750.00 ****750.00

REINSTATEMENT

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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 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: AUGUSTIN NEMET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/05/00

Date

727-648 0055

Daytime Phone #