

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 13 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000047170

1. Corporation Name

ELA INVESTMENTS INC.

Principal Place of Business

Mailing Address

2421 BUTTERNUT CT
DUNEDIN FL 34698

2421 BUTTERNUT CT
DUNEDIN FL 34698

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

2. New Principal Office Address, If Applicable

1420 BAYSIDE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1420 BAYSIDE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/1999

5. FEI Number

59-3577489

Applied For

Not Applicable

City & State

DUNEDIN, FL

City & State

DUNEDIN, FL

Zip

Country

34698 PINELLAS

Zip

Country

34698 PINELLAS

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DVP	MIHAILA, IOAN V	2421 BUTTERNUT CT	DUNEDIN FL 34698
ST	NEMET, AUGUSTIN C	2421 BUTTERNUT CT	DUNEDIN FL 34698

300023752333
10/13/03--01074--010 **150.00

8. Name and Address of Current Registered Agent

MIHAILA, IOAN VIOREL
2421 BUTTERNUT CT
DUNEDIN FL 34698

9. Name and Address of New Registered Agent

Name

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

1420 BAYSIDE
Suite, Apt. #, Etc.

City

DUNEDIN

State

FL

Zip Code

34698

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

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

10/8/03 (722) 734-7689

CR2ED40 (7/03)