

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S19096

1. Corporation Name
ELJO REALTY CORP.

Principal Place of Business 3360 SOUTH OCEAN BLVD. SUITE 4C-2 PALM BEACH FL 33480	Mailing Address 1903 S CONGRESS AVE 340 BOYNTON BEACH FL 33426
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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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION
 01 OCT 25 PM 4:06



REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida 12/14/1990	
5. FEI Number 65-0236167	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	NEIPRIS, JOSEPH	3360 S OCEAN BLVD 4C-2	PALM BEACH FL
VST	KRAFT, ELIOT, B	1121 CRANDON BLVD D-701	KEY BISCAYNE FL
D	KRAFT, ELIOT, B	1121 CRANDON BLVD D-701	KEY BISCAYNE FL
			600004679226--7 -11/14/01--01081--014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent NEIPRIS, JOSEPH 3360 SOUTH OCEAN BLVD. SUITE 4C-2 PALM BEACH FL 33480	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
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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 Joseph Nepris **SIGNATURE REQUIRED** Date 10/22/01
 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: Joseph Nepris **SIGNATURE REQUIRED** Date 10/22/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)