

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*Page 1 of 2*

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 18 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *S19096*

1. Corporation Name  
ELJO REALTY CORP

2. Principal Office Address  
1121 CRANDON BLVD

3. Mailing Office Address  
1121 CRANDON BLVD

Suite, Apt. #, etc.  
D701

Suite, Apt. #, etc.  
D701

City & State  
KEY BISCAIYNE FL

City & State  
KEY BISCAIYNE FL

Zip  
33419-2773

Country

Zip  
33419-2773

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 12-14-90

5. FEI Number  
65-0236167

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  
ELIOT KRAFT

Street Address (P.O. Box Number is Not Acceptable)  
1121 CRANDON BLVD

*700030962977*  
*03/24/04--01005--023 \*\*300.00*

Suite, Apt. #, Etc.  
D701

City  
KEY BISCAIYNE

State  
FL

Zip Code  
33419-2773

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

*Eliot Kraft*

REGISTERED AGENT MUST SIGN

Date

*3/22/04*

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/D	JOSEPH NEIPRIS	3360 S OCEAN BLVD, 4C2	PALM BEACH FL 33480
T/D	ELIOT KRAFT	1121 CRANDON BLVD D701	KEY BISCAIYNE FL 33149

**REINSTATEMENT** *03-04*

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:

*Eliot Kraft*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*3/22/04*

Daytime Phone #

*305-361-0388*

CR2E081 (01/04)

**Eljo Realty Corp**

1121 Crandon Blvd. D701  
Key, Biscayne, FL 33149

*PAID*

March 10, 2004

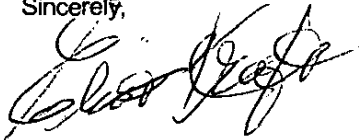
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

I am requesting a waiver of the reinstatement fee as I did not receive the annual report last year in order to file on time. Enclosed are the reinstatement form and a check for \$300.00 to cover last years fee and this years fee as well.

Please contact me if you should require any additional information to process this request.

Sincerely,



Eliot Kraft  
Treasurer