

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION
 1995-2000
 UBR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 547621

1. Corporation Name
 E. I. N., Inc.

2. Principal Office Address
 11130 S.W. 57 COURT
 Suite, Apt. #, etc.

3. Mailing Office Address
 SAME
 Suite, Apt. #, etc.

City & State
 COOPER CITY, FL

City & State

Zip 33328 **Country** U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 4/19/91

5. FEI Number 65-0260638

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

Applied For
Not Applicable

7. Name and Address of Current Registered Agent

Name
 ANDREW T. PILGRIM

Street Address (P.O. Box Number is Not Acceptable)
 11130 S.W. 57 COURT

Suite, Apt. #, Etc.

City COOPER CITY

State FL **Zip Code** 33328

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 -03/16/00--01059--09
 ***1115.00 ***1115.00

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** 3-1-00

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
Pres.	ANDREW T. PILGRIM	11130 S.W. 57 COURT	Cooper City, FL 33328

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: **Date** 3-1-00 **Daytime Phone #** 305-935-4268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)



David Alan Kofsky, P.A.
Certified Public Accountant



January 26, 2000

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

Re: E.I.N. Inc.
Document # S47621

Upon reviewing our client's corporate information on the Florida Division of Corporation's website, we found that our client's corporation had been administratively dissolved. The address listed on the site is an old address for the corporation.

Our client is extremely timely with all required filings. He never received the form, most likely because of his move.

Please abate any penalties associated with this late filing. Additionally, please accept the enclosed check for \$1,115.00 to pay for all the delinquent years, along with a current UBR 2000.

Thank you so much for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads 'Patricia E. Coury'.

Patricia E. Coury
Certified Public Accountant

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