

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

REMOVED AND FILED

Handwritten initials

APPLICATION FOR REINSTATEMENT



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

00 NOV -8 PM 1:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **V03450**

1. Corporation Name
ELVIRA & COMPANY, INC.

Principal Place of Business	Mailing Address
5891 MILITARY TRAIL LANTANA FL 33483	5891 "S" MILITARY TRAIL LANTANA FL 33463 US



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/27/1991	
City & State		City & State		5. FEI Number	
Zip		Country		65-0309702	
				Applied For	
				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
D	CANTILLO, FERNANDO	74 HEATHER TRACE DR	BOYNTON BEACH FL
VPD	ESPERANZA, CANTILLO	74 HEATHER TRACE DR	BOYNTON BEACH FL
			900003487689--7 -12/05/00--01068--010 ****150.00 ****150.00
			<i>Handwritten signature</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CANTILLO, FERNANDO 5891 MILITARY TRAIL LANTANA FL 33463		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL
			Zip Code

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: SIGNATURE REQUIRED 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: *Cantillo* SIGNATURE REQUIRED Date: Nov 11/00 Daytime Phone #: 964-964-0709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20140 (8/00)

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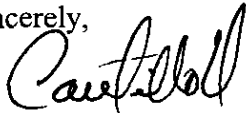
November 1, 2000

To Whom It May Concern:

This is the first time that I have received any correspondence concerning my annual report. I spoke to a lady at your offices and she instructed me to write a letter explaining that I never received notification to renew my corporation. I have also spoken to friends of mine and some of them are going through the same problem.

Enclosed is a check for \$150.00 for my corporation and my application for reinstatement as I was told to send in.

Sincerely,



Fernando Cantillo