

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 MAR -9 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 56135

1. Corporation Name

EBLL, Inc.

Principal Place of Business

Mailing Address

C/O Ernest Bogen
21B Stratford Drive
Boynton Beach, Florida 33436

*New address
(see below)*

900002454369--7
-03/11/98--01109--011
****900.00 ****900.00

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

2. New Principal Office Address, If Applicable

4880 Pinetree Dr.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

8/10/92

5. FEI Number

65-0361479

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P./s	Ernest Bogen	4880 Pine Tree Drive	Miami Beach, Fl 33140

REINSTATEMENT 97-98

*A. Alan
3/9/98*

8. Name and Address of Current Registered Agent

Sy Chadroff
2700 S.W. 37th Avenue
Miami, Fl. 33133

9. Name and Address of New Registered Agent

Name
David Yudenfreund - CPA
Street Address (P.O. Box Number is Not Acceptable)
800 Jeffery Street
Suite, Apt. #, Etc.
409
City
Boca Raton

State
FL

Zip Code
33487

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

David Yudenfreund - CPA
REGISTERED AGENT MUST SIGN

Date 2/14/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Ernest Bogen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ernest Bogen

2/14/98

305/835-9296

CR2040 (1/98)