PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM,

	PLE <i>F</i>	HOE DEAD	ALL INST	NOCTIO	NO DEFC		OMELETI I	ING II	113 FC	الالاللال الاستان			
	PORATION STATEMENT		8	Secretary o		TATE			í	•	·	PM 5: 2	
O PAT S			DIVISION OF CORPORATIONS				· ·						
DOCUMENT # P03000003302 1. Corporation Name								SECRETARY OF STATE TALLAHASSEE, FLORID					
ELITE	CONSTRUC	CTION & M	AINTENA	NCE, IN	Э.						. •	<u> </u>	
2 Principal	I Office Address	3 Mailing O	3. Mailing Office Address				ATE	- #V1 H-	NT	DU	-05		
	OULTON (CIRCLE	O. Maxing Office Address				einst	PARE	CR2E08	81 (8/05)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Suite, Apt. #	, etc.		Suite, Apt. #, etc.				A Data Issuer		Ovelified				
City & State			City & State				4. Date Incorporated or Qualified To Do Business in Florida 01/09/2003						
	NDO, FL						5. FEI Number					pplied For ot Applicable	
^{Zip} 32832				Zip Country			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requir					al Fee required	
			7. N	lame and Add	ress of Current	Register	ed Agent				,		
	STEVEN	I W. MUE	ELLER										
	13021500Exturble CIRCLE								605	1670 -014	169	-]	
	Suite, Apt. #, Etc.							7/05	-01033	<u>014</u>	**30	4. 00	
	ÖRLANI	DO					<u></u>	State FL	<i>3</i> 283	<u> </u>		_	
8. I, being	appointed the registe	red agent of the ab	Ve named corpo	ration, am fam	illiar with and ac	cept the ob	oligations of secti	on 607.05	05 or 617.0	503, F.S.			
Signature of Registered Agent Months							10/25/2005						
		R	EGISTERED AG	ENT MUST SI	GN			54.0			,		
т	and Street Addresse		d/or Director (Flo	orida nonprofit			 -	т					
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip					
PVST	STEVEN	W. MUEI	LER	13021	OULTO	ON C	IRCLE	ORI	ANE	00, FI	L 32	832	
													
				}									
	· · · · · · · · · · · · · · · · · · ·							-		·			
this rei owed b on this	y that I am an officer of instatement application by the corporation have application is true and	n, the reason for dis e been paid and the	solution has bee names of individ	n eliminated, the	ne corporate nam this form do not d egal effect as if n	ne satisfies qualify for a nade unde	the requirement an exemption und	s of section der section	1607.0401 119.07(3)(or 617.0401	I, F.S., th Information	at all fees on indicated	
SIGNA	IUKE:	MAU/	14/1	0/ 0/	EVE M	THE P	10/20	<u>" ~ UU</u>	<u> </u>	- 1-00	<u>ر د ا ، م</u>		

10/3/91

Elite Construction & Maintenance, Inc.

13021 Oulton Circle Orlando, FL 32832 321-662-1460

October 25, 2005

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

Re: Elite Construction & Maintenance, Inc. Reinstatement Document # P03000003302 FEIN 02-0658810

Please waive the reinstatement fee of \$600. After thorough research, to the best of my knowledge, notification of the 2004 Annual Report was never received. Therefore I am requesting this waiver of the reinstatement fee.

Enclosed, please find the completed Corporate Reinstatement form along with the filing fee of \$300 for the 2004 and 2005 Annul Reports.

Thank you,

Steven W. Mueller, President