

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 NOV 23 AM 9:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT

96-98

DOCUMENT # P94000026622

1. Corporation Name

ELITE DEVELOPMENT, INC.

Principal Place of Business Mailing Address
 17094 COLLINS AVENUE SAME
 SUITE 104
 SUNNY ISLES BEACH, FL 33160

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.		4/07/94	
City & State		City & State		5. FEI Number 65-0492500	
Zip		Country		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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	STANLEY LESNIAK	17094 COLLINS AVENUE SUITE 104	SUNNY ISLES BEACH, FL 33160

500002698605--4
 -12/01/98-01034-002
 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
LAWRENCE H. ROGOVIN 17071 W. DIXIE HWY., SUITE B N. MIAMI BEACH, FLORIDA 33160		Name STANLEY LESNIAK			
		Street Address (P.O. Box Number is Not Acceptable) 17094 COLLINS AVENUE, SUITE 104			
		Suite, Apt. #, Etc. SUITE 104			
		City SUNNY ISLES BEACH		State FL	Zip Code 33160
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				Date 11/9/98	
REGISTERED AGENT MUST SIGN					

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 STANLEY LESNIAK, PRES.
 Date 11/9/98 Daytime Phone # (305) 945-1050

CR2E040 (12/96)