

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

FILED

DEC 18 AM 11:09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000026622

1. Corporation Name ELITE DEVELOPMENT, INC.

2. Principal Office Address 17094 Collins Avenue 3. Mailing Office Address 17094 Collins Avenue

Suite, Apt. #, etc. Suite 104 Suite, Apt. #, etc. Suite 104

City & State Sunny Isles Beach FL City & State Sunny Isles Beach, FL

Zip Country 33160 USA Zip Country 33160 USA

REINSTATEMENT 99-50

4. Date Incorporated or Qualified To Do Business in Florida April 7, 1994

5. FEI Number 650492500 Applye For Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] STATE AGENT

7. Name and Address of Current Registered Agent

Name Stanley Lesniak

Street Address (P.O. Box Number is Not Acceptable) 17094 Collins Avenue

Suite, Apt. #, Etc. Suite 104

City Sunny Isles Beach,

State Zip Code FL 33160

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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 [Signature] REGISTERED AGENT MUST SIGN

Date 11/17/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: Pres Dir, Stanley Lesniak, 17094 Collins Avenue Suite 104, Sunny Isles Beach, FL 33160. Includes handwritten initials 'LS'.

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 119.073(1), 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/00 (561) 482-6969

Date Calling Phone #