PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 MAR 07 AM 11:53

DOCUMENT # F11000004779

1. Corporation Name

Elite Financial Services, Inc.

400245467604
03/07/13--01004--011 **750.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
999 Broadway		999 Broadway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 200		Suite 200	
City & State		City & State	
Saugus, MA		Saugus, MA	
Zip	Country	Zip	Country
01906	USA	01906	USA

4. Date Incorporated or Qualified To Do Business In Florida
8/2007

6. FEI Number
260822008

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
515 E. Park Ave.

Suite, Apt. #, etc.

City	State	Zip Code
Tallahassee	FL	32301

400245467604
03/07/13--01004--012 **150.00

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 NRAI SERVICES, INC. By: [signature] Jessica Cox, Assistant Secretary Date 12/19/2012

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Sec.	Wayne Ahlquist	999 Broadway, Suite 200	Saugus, MA 01906
Pres.	Jason Voci	999 Broadway, Suite 200	Saugus, MA 01906
	REINSTATEMENT		
		MAR 07 2013	
		R. HUNT	

10. E-mail Address: gmorin@livedotfree.net
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Jason Voci 12/19/12 781-233-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #