

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 29 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000004000

1. Corporation Name

ELITE INTERNATIONAL TELECOMMUNICATIONS,
INC.

REINSTATEMENT 01-03

800020047888
05/28/03--01077--008 **1058.75

2. Principal Office Address

c/o The Corporation Trust Co.

3. Mailing Office Address

18320 S.W. 86 Avenue

Suite, Apt. #, etc.

1209 Orange Street

Suite, Apt. #, etc.

-

City & State

Wilmington, Delaware

City & State

Miami, FL

Zip

19801

Country

USA

Zip

33157

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

July 13, 2000

5. FEI Number

61-1449858

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William P. Harris, Jr.

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

9300 S. Dadeland Boulevard

Suite, Apt. #, Etc.

Suite 308

City

Miami

State
FL

Zip Code
33156

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 May 23, 2003

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
C/P	Richard Gerald Mas	18320 SW 86 Avenue	Miami, FL 33157
D/MP	Richard Mas Canosa	18320 SW 86 Avenue	Miami, FL 33157
D/T	Ana C. Mas	18320 SW 86 Avenue	Miami, FL 33157

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 119.07(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ana C. Mas

5/16/03 (305) 799-4994

Date

Daytime Phone #

CR2E081 (10/02)

5/15/03