

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F97000000855

1. Corporation Name

ELITE TECHNICAL SERVICES INC.

Principal Place of Business

Mailing Address

900 WHEELER RD #290
HAUPPAUGE NY 11788

900 WHEELER RD #290
HAUPPAUGE NY 11788

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/1997

5. FEI Number

11-3125782

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
DCP	MONACO, JOSEPH	1151 STONY BROOK RD 7 John Bean Court	LAKE GROVE NY 11755 Pt. Washington NY 11050
DCV	KELLER, DONNA	15 SHEFFIELD CT	NESCONSET NY 11767
DST	KELLER, BRUCE	15 SHEFFIELD CT	NESCONSET NY 11767 700092809627-5 12/01/98-01090-013 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KELLER, BRUCE
ELITE TECHNICAL SERVICES INC.
950 S WINTER PARK DR
CASSELBERRY FL 32702

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Bruce Keller **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date Nov. 16, 1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Donna Keller **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donna Keller

Date

Daytime Phone #

CR2E040 (9/98)