PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2020 MAR -6 PM 1:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L14000021678

1 Corporation Name
Elite Service and Repair, LLC

200341795702
03/06/20--01004--009 **238.75

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
2101 SW 16th terrace	PO Box 163512
Suite, Apt. # etc	Suite, Apt. # etc
City & State	City & State
Fort Lauderdale, FL	miami, FL
Zip / Country	Zip / Country
33315 / US	33116 / US

4. Date incorporated or Qualified To Do Business in Florida: 02-07-2014

5 FEI Number: 46-4785468 ☐ 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: Steven Grossman

Street Address (P.O. Box Number is Not Acceptable): 2101 SW 16th terrace

Suite, Apt. # Etc.:

City: Fort Lauderdale, FL | State: FL | Zip Code: 33315

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: _____ Date: 2-26-2020

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
MGR	Steven Grossman	2101 SW 16th ter	Fort Lauderdale FL 33315

T MOORE
MAR 09 2020

10 E-mail Address: EliteServiceandRepair@Gmail.com
(To be used for future annual report notification)

11 I certify that I am an officer or director of 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: _____ 2-26-2020 786-2991640

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