

2001 PLEASE READ ALL INSTRUCTIONS BEFORE COM

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -5 PM 3:00

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P000000 35623

1. Corporation Name

ELITE PRODUCTS, INC

2. Principal Office Address

8181 NW 36 ST

Suite, Apt. #, etc.

Ste 23

City & State

Miami, FL

Zip

33166

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4-7-00

5. FEI Number

65-0997618

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

Esther Albert

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

26230 SW 130ct

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33032

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]

Date 6-27-01

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
P	ESTHER ALBERT	26230 SW 130ct	HOMESTEAD FL 33032
VP	CHARLES A. Reyes	26230 SW 130ct	HOMESTEAD FL 33032

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

Date

Daytime Phone #