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2008 FOR PROFIT CORPORATION REINSTATEMENT

KEINS	IAIEMENI		_		
DOCUMENT # P00000035623				FILED	
ELITE PRODUCTS, INC.				OCT 20 AH 8: 53	
ELITE PRODUCTS, 1140.			/		
Principal Place of Business	Mailing Address		SE	CRETARY OF STATE	
8181 NW 36 ST	8181 NW 36 ST		TAL	LAHASSEE, FLORIDA	
STE 23 MIAMI, FL 33166	STE 23 MIAMI, FL 33166				
2. Principal Place of Business - No P.O. Box # 8181 Nw 36 54	3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	TOTS 2000 T CREW AT	FcR26098 C/ON _ O8	
City & State	City & State		4. FEI Number	Applied For	
Zip Country	Zip	Country	65-0997618	Not Applicable	
323166 JUNE 05E	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Cu	rent Registered Agent	Name	7. Name and Address of New Re	gistered Agent	
ALBERT, ESTHER 26230 SW 130 CT HOMESTEAD, FL 33032					
		Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
		L			
		City		FL Zip Code	
 The above named entity submits this statement the obligations of registered agent. 	ent for the purpose of changing its	registered office or regi	stered agent, or both, in the State of Flor	ida. I am familiar with, and accept	
SIGNATURE	agent and title if applicable. (NOT	E: Registered Agent signature re	quired when reinstating)	DATE	
FILE NOWIII FEE IS \$750.00					
After January 1, 2009, Fee will be \$9	00.00			:	
	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFI		
TITLE P NAME ALBERT, ESTHER	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS 26230 SW 130 CT		STREET ADDRESS	7001370	0 89317 009 **150.00	
CITY-ST-ZIP HOMESTEAD, FL 33032 TITLE V	□ Detete	CITY-ST-ZIP	18/ 29/ 0001030	☐ Change ☐ Addition	
NAME REYES, CHARLES A		NAME		S STAILINGS CONTROL	
STREET ADDRESS 26230 SW 130 CT CITY-ST-ZIP HOMESTEAD, FL 33032		STREET ADDRESS CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
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CITY-ST-ZIP		CITY-ST-ZIP			
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STREET ADDRESS		STREET ADDRESS		: 3	
CITY-ST-ZIP	with this filling does not awalfe to	CITY-ST-ZIP	and in Chapter 440. Florida Construction		
 I hereby certify that the information supplied indicated on this report or supplemental rep of the corporation or the receiver or trustee 	ort is true and accurate and that r	nv signature shall have t	ne same legal effect as if made under o	ath: that I am an officer or director I	
changed, or on an attachment with an addr	s, with all other like empowered		bor, Florida Statutes, and that my hame	appoint in DIOCK TO OF DIOCK TT IF	
SIGNATURE:			ा क्ष		
SIGNATURE AND TYPE	OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	. Onte	Daytime Phone # .	
				M. 10/22	

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Elite Products, Inc

8181 NW 36 Streer Suite 30 . Miami, FL 33166

10/17/08

Florida Department of State Division of Corporations

Recently I receive a letter from you where you inform me that I did not renew my corporation for the year 2008. My company name is Elite Products, Inc and my FEI number is 65-0997618.

I apologize but I never receive the renewal letter in the mail and I'm really worried now because it is a lot of money for the penalty and our financial situation is in a really bad shape, as you know we depend on sales and they have been very bad. So I'm asking you to please wave the penalties this time, under the promise that I make sure that this doesn't happen again.

Thank you very much.

Sincerely,

President