

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000111348

1. Corporation Name

ELITE HEALTH SERVICES INC.

2. Principal Office Address

15447 Jackson Rd.

Suite, Apt. #, etc.

City & State

Delray Beach FL.

Zip

33484

Country

USA

3. Mailing Office Address

15447 Jackson Rd.

Suite, Apt. #, etc.

City & State

Delray Beach FL.

Zip

33484

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/2000

5. FEI Number

65-1056440

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

Paul Barrett

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

15447 Jackson Rd.

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33484

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

REGISTERED AGENT MUST SIGN

Date 10/10/2003

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
P	Paul Barrett	15447 Jackson Rd.	Delray Beach / FL. / 33484

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:

Paul Barrett

10/10/03

561-499-9627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)