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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL -8 P 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000080751

REINSTATEMENT 02-04

1. Corporation Name
Elite Equipment Group Corp.

2. Principal Office Address	3. Mailing Office Address
5722 S. Flamingo Rd	5722 S. Flamingo Rd
Suite, Apt. #, etc. #380	Suite, Apt. #, etc. #380
City & State Cooper City FL	City & State Cooper City FL
Zip 33330 Country US	Zip 33330 Country US

4. Date Incorporated or Qualified To Do Business in Florida Aug. 16 2001

5. FEI Number 59-3739420 — X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: Peter Lara
Street Address (P.O. Box Number is Not Acceptable): 5722 S. Flamingo Rd
Suite, Apt. #, Etc.: #380
City: Cooper City — State: FL — Zip Code: 33330

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: Peter Lara — Date: 7-7-04
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
PD	Simon Wood-Forester	5722 S. Flamingo Rd #380	Cooper City FL 33330
VP	Peter Lara 25%	5722 S. Flamingo Rd #380	Cooper City FL 33330

10. 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., 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: Peter Lara — 7/7/04 — (786)586-4850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

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From:
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Account Number : 071001002335
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CORPORATION REINSTATEMENT

ELITE EQUIPMENT GROUP, CORP.

Certificate of Status	1
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