

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 MAY 23 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000081440

1. Corporation Name

ELITE URBAN DEVELOPERS INC.

2. Principal Office Address - No P.O. Box #  
4532 W. KENNEDY BLVD

3. Mailing Office Address  
4532 W. KENNEDY BLVD

Suite, Apt. #, etc. 244

Suite, Apt. #, etc. 244

City & State  
TAMPA FLORIDA

City & State  
TAMPA FLORIDA

Zip 33609 Country U.S.A

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**REINSTATEMENT 05-08**  
CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida 08/17/2001

5. FEI Number 010562725 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 KEVIN CRUMP  
Street Address (P.O. Box Number is Not Acceptable) 4532 W. KENNEDY BLVD  
Suite, Apt. #, Etc. 244  
City TAMPA State FL Zip Code 33609

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 MAY 17 2008  
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/D	KEVIN CRUMP	4532 W. KENNEDY BLVD #244	TAMPA FLORIDA 33609

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 contained in Chapter 119, 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] KEVIN CRUMP MAY 17 2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #