

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR -6 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000119236

1. Corporation Name

ELEGANT PROPERTY MANAGEMENT

200012871092  
02/20/03--01051--002 \*\*758.50

2. Principal Office Address

4931 S.W. 19<sup>TH</sup> ST

Suite, Apt. #, etc.

City & State

Hollywood

Zip

33023

Country

USA

3. Mailing Office Address

4931 S.W. 19<sup>TH</sup> ST

Suite, Apt. #, etc.

City & State

FL

Zip

33023

Country

USA

**REINSTATEMENT**

02/28/02 70076 018 #150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

12/19/01

5. FEI Number

65-1159597

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jerry D. Gray

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

341 S.W. 30<sup>TH</sup> AVENUE

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State  
FL

Zip Code

33312

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

Jerry D. Gray  
REGISTERED AGENT MUST SIGN

Date 03/03/03

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
PRESIDENT/ CEO	Dwayne Parrish	4931 SW 19 <sup>TH</sup> ST	Hollywood, FL/33023
VICE PRESIDENT	ELIZABETH PARRISH	4931 SW 19 <sup>TH</sup> ST	Hollywood, FL/33023
SEC/ TREASURY	GREGORY MCCLIVER	4931 SW 19 <sup>TH</sup> ST	Hollywood, FL/33023

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:

Dwayne Parrish  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/28/03

954 895-2833  
Daytime Phone #

CR2E081 (10-02)