

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 14 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO 2000082326**

1. Corporation Name

**Elite Entertainment International, Inc.**

2. Principal Office Address

**1072 E. Newport Center Dr.**

Suite, Apt. #, etc.

**Suite A**

City & State

**Deerfield Beach, FL**

Zip

**33442**

Country

**USA**

3. Mailing Office Address

**1072 E. Newport Center Dr.**

Suite, Apt. #, etc.

**Suite A**

City & State

**Deerfield Beach, FL**

Zip

**33442**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**7-30-02**

5. FEI Number

**02-0635378**

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

**Melissa Yarali**

**000023771380**

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

**1072 East Newport Center Drive**

**10/14/03--01014--012 \*\*150.00**

Suite, Apt. #, Etc.

**Suite A**

City

**Deerfield Beach, FL**

State

**FL**

Zip Code

**33442**

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]*

REGISTERED AGENT MUST SIGN

Date

**10/8/03**

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
P/T/D	Melissa Yarali	1271 SW 5th Ave	BOCA RATON, FL 33432
V/S/D	Alper Yarali	1271 SW 5th Ave	Boca Raton, FL 33432

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

**10/8/03**

Daytime Phone #

**454 629 9670**

CR2081 (10/02)

21 10/15

October 10, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Corporate Reinstatement of Elite Entertainment International Inc.

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Dear Sir/Madam:

We are requesting the waiver of the Reinstatement Fee for reinstatement of Elite Entertainment International, Inc. on the basis that we did not receive a UBR/Annual Report for the year. We have updated our mailing address and do not foresee this to be an issue in the future.

We appreciate your attention to this matter.

Sincerely,

Melissa Yarali  
President, Director

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