

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 11 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P02000431700

1. Corporation Name

Elite Custom Interior Services, Inc.

REINSTATEMENT 07

2. Principal Office Address

680 NE 26th Court

Suite, Apt. #, etc.

3. Mailing Office Address

680 NE 26th Court

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

Pompano Beach FL

Zip

33064

Country

USA

Zip

33064

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/16/2002

5. FEI Number

46-0514201

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

Leeford Waite

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

1900 SW 68th Avenue

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33023-2706

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

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	Leeford Waite	1900 SW 68th Ave	Miramar, FL 33023
VP	Victor Waite	7502 NW 40th Street	Coral Springs, FL 33065
S	Rohan Waite	8560 N. Sherman Circle, Apt 305	Miramar, FL 33025

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:

Leeford Waite

11/26/03

(954) 943-6708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)



*Manufacturing and
Installation Services*

680 NE 26th Court, Pompano Beach FL 33064

Tel: (954) 943-6708 Fax (954) 943-6564

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

To Whom It May Concern,

I am writing this letter to explain why we failed to pay the fee to renew our corporation. This is the company's first year in business and it has been a new learning experience. I did not receive any letters stating that I needed to make any payment to renew. My insurance company was the one to notify me of the problem. I am sorry for the misunderstanding, but now I am aware of what I need to do. Thank you for your time,

Sincerley,

Leeford Waite
President