## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000004401

FILED Oct 24, 2008 Secretary of State

Entity Nar	me: ELITE	DIVER ENTERPRIS	ES, INC.					
Current Principal Place of Business:				New Principal Place of Business:				
1738 MEREDITH AVE. DELTONA, FL 32738				810 N WESTMORELAND DRIVE ORLANDO, FL 32804				
Current Mailing Address:				New Mailing Address:				
PO BOX 5. ORLANDO	47777 ), FL 32854							
FEI Number:	: 14-1865450	FEI Number Appli	ed For ( ) FEI N	lumber Not App	licable ( )	Certificate of Status Desire	ed (X)	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
STAFFORD, RICHARD 1738 MEREDITH AVE. DELTONA, FL 32738 US				STAFFORD, RICHARD 810 N WESTMORELAND DRIVE ORLANDO, FL 32804 US				
	named enti e of Florida.	ty submits this stater	nent for the purpose	of changing	its registere	d office or registered agent	, or both,	
SIGNATUF	RE: RICHA	RD STAFFORD			10/24/2008			
	Elect	ronic Signature of Re	gistered Agent			Date		
		.193(2)(b), F.S., the corր cing Trust Fund Contrib		e the prior notic	e.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip: Title:	M STAFFORD 1738 MERE DELTONA, I	DITH AVE FL 32738 ( ) Delete		Title: Name: Address: City-St-Zip: Title:	M STAFFORD, 810 N WES' ORLANDO,	TMORELAND DRIVE		
Name: Address: City-St-Zip:	STAFFORD 106 WIMBL PORT ORAN			Name: Address: City-St-Zip:				
Title: Name: Address: City-St-Zip:	S STAFFORD 106 WIMBL PORT ORAI			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zin:		( ) Delete		Title: Name: Address: City-St-Zip:	VP DALY, MELI 904 ALBA D ORI ANDO	RIVE		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLARD STAFFORD Ρ 10/24/2008