

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 NOV -5 PM 12:12

DOCUMENT # P03000037745

1. Corporation Name

ELITE FLAG, INC.

2. Principal Office Address - No P.O. Box #

4220 HOOD RD

Suite, Apt. #, etc.

3. Mailing Office Address

4220 HOOD RD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32257

Country

US

Zip

32257

Country

US

CR2E081 (10/08)

4. Date Incorporated or Qualified

To Do Business in Florida 03-31-2003

5. FEI Number

51-0464322

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

GRAHAM JR, RALPH

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

4220 HOOD RD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32257

☒ 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

11-3-8

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
D	RALPH GRAHAM JR.	4220 HOOD RD	JACKSONVILLE, FL 32257
D	DAVID CALLAHAN	4220 HOOD RD	JACKSONVILLE, FL 32257

600137668646  
11/05/08--01024--016 \*\*450.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-3-8

Daytime Phone #

904-509-6181