

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC -9 PM 4:48

**DOCUMENT # P04000036942**

1. Entity Name  
ELITE OPTIONS INC.



Principal Place of Business  
5703 RED BUG LAKE RD  
413  
WINTER SPRINGS, FL 32708

Mailing Address  
5703 RED BUG LAKE RD  
413  
WINTER SPRINGS, FL 32708



2. Principal Place of Business  
1170 Tree Swallow DR  
Suite, Apt. #, etc.  
320

3. Mailing Address  
Same  
Suite, Apt. #, etc.

12072005 REIN-P CR2E098 (6/04)

City & State  
Winter Springs FL

City & State

Zip  
32708

Country  
USA

4. FEI Number  
20-981147

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WOOD, JACOB  
5703 RED BUG LAKE RD  
413  
WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent  
Name  
Jacob Wood  
Street Address (P.O. Box Number is Not Acceptable)  
1170 Tree Swallow Dr # 320  
City  
Winter Springs FL Zip Code  
32708

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE 12/6/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	<input type="checkbox"/>
NAME	WOOD, JACOB	
STREET ADDRESS	5703 RED BUG LAKE RD UNIT 413	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	Jacob Wood		
STREET ADDRESS	1170 Tree Swallow Dr # 320		
CITY-ST-ZIP	Winter Springs FL 32708		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE 12/6/05 DAYTIME PHONE # 407-695-0426

12/9/05