

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.

City & State
Winter Springs FL
Zip
32708
Country
USA

City & State
Zip
Country

12072005 REIN-P CR2E098 (6/04)

4. FEI Number
20-781147

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
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12/6/05
DATE

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
P WOOD, JACOB ☐ Delete
STREET ADDRESS
5703 RED BUG LAKE RD UNIT 413
CITY-ST-ZIP
WINTER SPRINGS, FL 32708

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P JACOB WOOD ☒ Change ☐ Addition
STREET ADDRESS
1170 Tree Swallow Dr # 320
CITY-ST-ZIP
Winter Springs FL 32708

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/05 407-695-0426
Date Daytime Phone #

12/9/05