

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

07 NOV 14 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000041162

1. Corporation Name

ELITE GRAPHIX, INC.

2. Principal Office Address - No P.O. Box #
2987 BELLEVUE AVE.

3. Mailing Office Address
426 GOLF BLVD.

Suite, Apt. #, etc.
#83-85

Suite, Apt. #, etc.

City & State
DAYTONA BEACH, FL

City & State
DAYTONA BEACH, FL

Zip
32124

Country
US

Zip
32118

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida **03/01/2004**

5. FEI Number
20-0844768

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
JEFFREY B. MOORE

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

Suite, Apt. #, Etc.

City
DAYTONA BEACH, FL

State Zip Code
FL 32118

☒ 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

Date

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
PRES.	JEFFREY B. MOORE	426 GOLF BLVD.	DAYTONA BEACH, FL 32118

100112300251
11/14/07--01047--006 **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:

Jeffrey B. Moore

JEFFREY B. MOORE, PRESIDENT

386/212-9851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #