2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 DEC 30 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000133497

1. Entity Name
ELAERIO INCORPORATED

Principal Place of Business	Mailing Address
3056 NW 203 LANE MIAMI GARDENS, FL 33056	3056 NW 203 LANE MIAMI GARDENS, FL 33056

REINSTATEMENT

1226 [illegible] (1/07) 68

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 61-1493889 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HYLTON, ELVIS 3056 NW 203 LANE MIAMI GARDENS, FL 33056	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HYLTON, ELVIS	NAME	500133376155
STREET ADDRESS	3056 NW 203 LANE	STREET ADDRESS	12/30/08--01081--003 **150.00
CITY-ST-ZIP	MIAMI GARDENS, FL 33056	CITY-ST-ZIP	
TITLE	SEC ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HYLTON, ELVIS	NAME	
STREET ADDRESS	3056 NW 203 LANE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI GARDENS, FL 33056	CITY-ST-ZIP	
TITLE	DIR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HYLTON, ELVIS	NAME	
STREET ADDRESS	3056 NW 203 LANE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI GARDENS, FL 33056	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FOSTER, SIMONE A	NAME	
STREET ADDRESS	1000 NW 200 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI GARDENS, FL 33169	CITY-ST-ZIP	
TITLE	TREA ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FOSTER, SIMONE A	NAME	
STREET ADDRESS	1000 NW 200 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI GARDENS, FL 33169	CITY-ST-ZIP	
TITLE	DIR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FOSTER, SIMONE A	NAME	
STREET ADDRESS	1000 NW 200 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI GARDENS, FL 33169	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 12-15-08 305 761 1526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #