2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000035097

Entity Name: ELITEE DR CORPORATION

FILED Oct 14, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
13569 S.W	V. 62ND STRE	EΤ		•		
#4 MIAMI, FL	33183					
Current Mailing Address:			New Maili	New Mailing Address:		
13569 S.W	V. 62ND STRE	ET				
mami, FL	33183					
FEI Number	: 20-8801491	FEI Number Applied For ()	FEI Number Not App	icable () Certific	cate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
#4	SABEL E V. 62ND STRE 33183 US	ΈΤ				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or	registered agent, or both,	
SIGNATU	RE: ISABEL I	E. LOPEZ				
	Electro	nic Signature of Registered Age	ent		Date	
		93(2)(b), F.S., the corporation did no	ot receive the prior notic	e.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	Р () Delete EDO T 13569 S EET, #4	Title: Name: Address: City-St-Zip:		e()Addition	
Title: Name: Address: City-St-Zip:	LOPEZ-ESCO CALLE LOS O) Delete VAR, MARIA DELPILAR LIVIOS 16 URBANIZACION CARMELI IGO, DOMINICAN REP, XX XX	Title: Name: T Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	LOPEZ, ISABE	2ND STREET, #4	Title: Name: Address: City-St-Zip:	() Change	() Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFREDO LOPEZ PRES 10/14/2008