

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 29 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000062088

1. Corporation Name

An Elite Affair, Inc.

M09000046981

2. Principal Office Address - No P.O. Box #

6222 Hammock Park Road

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33411

Country

USA

3. Mailing Office Address

6222 Hammock Park Road

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33411

Country

USA

500162321395

10/29/09--01006--020 **300.00

CR2E081 (12/08)

**4. Date Incorporated or Qualified
To Do Business in Florida** 5/24/2007

5. FEI Number 26-0238143

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

Carol Edmund-Jordan

Street Address (P.O. Box Number is Not Acceptable)
6222 Hammock Park Road

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33411

☒ 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

Carol Edmund-Jordan

REGISTERED AGENT MUST SIGN

Date 10/19/09

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
CEO	Carol Edmund-Jordan	6222 Hammock Park Road	West Palm Beach, FL 33411

REINSTATEMENT

RH

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:

Carol Edmund-Jordan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/09 561-684-9063
561-681-1540

Date Daytime Phone #