PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2021 SEP 15 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FL

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P17000078653

1. Corporation Name

Elite Corporation

100373405271
09/15/21--01020--001 **1235.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
161 N CIVIC DR #104	161 N CIVIC DR #104
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WALNUT CREEK - CA	City & State: WALNUT CREEK - CA
Zip: 84598 Country: US	Zip: 84598 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 09/28/2017

5. FEI Number: 81-1857410 ☐ 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: LAYLA PORTELA

Street Address (P.O. Box Number is Not Acceptable): 9669 AVELLINO AVENUE UNIT 6417

Suite, Apt. #, Etc.:

City: ORLANDO State: FL Zip Code: 32819

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: Layla Portela — REGISTERED AGENT MUST SIGN — Date: 10/05/2021

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
P	BUENO DE MIRANDA, ALANA A.	161 N CIVIC DR #104	WALNUT CREEK - CA 84598
		18-21	
			dcc 10/5/21

10. E-mail Address: LAYLA@XPFAX.COM
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 08/19/2021 — Daytime Phone #