PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 AUG -5 PM 3:30
TALLAHASSEE, FLORIDA

DOCUMENT # P93000035118

1. Corporation Name
ELITE INVESTIGATIONS, LTD., INC.

REINSTATEMENT 07-1D
CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9762 Tiramasu Trail	9762 Tiramasu Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32829 Country: USA	Zip: 32829 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: May 14, 1993

5. FEI Number: 13-3077215 ☐ 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: Joel A. Domenitz

Street Address (P.O. Box Number is Not Acceptable): 9762 Tiramasu Trail

Suite, Apt. #, Etc.

City: Orlando State: FL Zip Code: 32829

500182738675
06/29/10--01024--004 **1050.00

500182738675
08/06/10--01015--004 **150.00

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: 6/23/10
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
P/D	Joseph M. Saponaro	4 Tor Terrace	New City, NY 10956
V/D	Gary Weksler	56-03 211th Street	Bayside, NY 11364

10. E-mail Address: hrubin@goetzfitz.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., 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.

SIGNATURE: _____ Joseph M. Saponaro 6/23/10 212-629-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/6 ow