PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2009 SEP 23 PM 5:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000080175

1. Corporation Name

ELITE BUILDINGS CORPORATION

REINSTATEMENT CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2310 COUNTRY CLUB PRADO	717 PONCE DE LEON BLVD #234
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL GABLES FL	City & State: CORAL GABLES FL
Zip: 33134 Country:	Zip: 33134 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 11/01/1994

5. FEI Number: 650540007 ☐ 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: FABRE, FRANK R

Street Address (P.O. Box Number is Not Acceptable): 2310 COUNTRY CLUB PRADO

Suite, Apt. #, Etc.:

City: CORAL GABLES State: FL Zip Code: 33134

☑ 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 _____ Date 9/22/09

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
DPT	ROBLES, IVAN	CALLE 50 EDIFICIO PLAZA 2000 19F	PANAMA, REPUBLIC OF PANAMA
SVP	FABRE, FRANK R.S	2310 COUNTRY CLUB PRADO	CORAL GABLES FL 33134
		500160962605 09/23/09--01034--003 **300.00	
		500160962605 09/23/09--01034--004 **8.75	

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: _____ 9/22/09 3052441021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

209A00031159

B. Mitchell SEP 23 2009