Dec. 16. 2011 2:3[illegible] AM [illegible] CONNECTION NO. [illegible] P. 4/5

P94000080175

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 19 AM 10:40

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DI
11 DEC 19 AM 10:40

DOCUMENT # P94000080175

1. Corporation Name

Elite Buildings Corporation
2010

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2310 Country Club Prado	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Same
City & State	City & State
Coral Gables	Same
Zip / Country	Zip / Country
FL 33134 / USA	Same / Same

CR2B081 (11/10)

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

5. FEI Number: 650540607 ☐ 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: Frank R.S. Fabio

Street Address (P.O. Box Number is Not Acceptable): 2310 Country Club Prado

Suite, Apt. #, Etc.:

City: Coral Gables | State: FL | Zip Code: 33134

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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: 12/16/2011
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	Victor Henriquez	777 Brickell Ave	Miami FL 33131
EVP.D	Raul Henriquez	"	"
VP.D	Mario Henriquez	"	"
VP.D	Luis Fernando Henriquez	"	"
VP.D	Cristina Henriquez	"	"
VP.D	Anabel Henriquez de Terrero	"	"
Sec	Frank R.S. Fabio	2310 Country Club Prado	Coral Gables FL 33134

REINSTATEMENT 2010 - 2012

10. E-mail Address: _____
(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: _____ Secty 12/16/2011 3052644621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #