

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P 94000080175*

1. Corporation Name

Elite Buildings Corporation

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

777 Brickell Ave.

Suite, Apt. #, etc.

1360

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Office Address

- Same -

Suite, Apt. #, etc.

"

City & State

"

Zip

Country

7. Name and Address of Current Registered Agent

Name

Mario Ernesto Henriquez

Street Address (P.O. Box Number is Not Acceptable)

777 Brickell Ave

Suite, Apt. #, Etc.

1360

City

Miami

State

FL

Zip Code

33131

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/28/16

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 |
|-------------|--------------------------------------|---|-----------------------------|
| <i>P.D.</i> | <i>Victor Henriquez</i> | <i>777 Brickell Ave. #1360</i> | <i>Miami, Florida 33131</i> |
| <i>EVPD</i> | <i>Raul Henriquez</i> | <i>"</i> | <i>"</i> |
| <i>VPD</i> | <i>Mario Henriquez</i> | <i>"</i> | <i>"</i> |
| <i>VPD</i> | <i>Luis Fernando Henriquez</i> | <i>"</i> | <i>S. HAWKES</i> |
| <i>VPD</i> | <i>Cristina Henriquez</i> | <i>"</i> | <i>MAY 4, A.M.</i> |
| <i>VPD</i> | <i>Anabel Henriquez de Term</i> | <i>"</i> | <i>EXAMINER</i> |

10. E-mail Address: *j.cruz@jetmanagement.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

4/28/16

Daytime Phone #

FILED

16 MAY 3 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100285366951

05/17/16--01021--017 **600.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1994

5. FEI Number

65-054007

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

2012-2016
1,350.00

100285366951

05/03/16--01038--021 **750.00

1016000032790