PLEASE READ ALL INSTRUCTIO	NS BEFORE		
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS WOO 00053405		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS OT JAN -2 AM 9: 58	
DOCUMENT # P95 0000 60 631 1. Corporation Name ELite Home Builders, Incor	porated		2443539 049018 ** 158.75
2. Principal Office Address 1062 South Multary Tral 1063 & r Suite, Apt. #, etc. Suite 451 City & State City & State	ILIEANY HOME	12/11/06-010 NSTATE 1. Date Incorporated or Outo Do Business in Florid 5. FEI Number	Applied For Not Applicable
Synzen Dener, Zip 33436 7. Name and A Rith Name Fullene N. Rith Supplier (RO Box Number is Not Acceptable)	PALM BLACK Address of Current Regist	CERTIFICATE OF STATUS	DESIRED S8.75 Additional Fee required for a Certificate of Status
Suite, Apt. #, Etc. Suite 45 City Boynton Beach FL 8. I, being appointed the registered agent of the above named corporation, and		State FL one obligations of section 607.05	Zip Code 3 3 4 36 05 or 617.0503, F.S.
Signature of Registered Agent Lugar The REGISTERED AGENT MU 9. Names and Street Addresses of Each Officer and/or Director (Florida nor Name of Officers and/or Directors	profit corporations must list	at least 3 directors)	
P Eugene N RitA 1100 S/T GAYLE A RITA 1100 VP Cornet John R RITA 110	a Shilita W Smilita	ry Trail, Stays	ynton Beach, FL 33431 Boynton Beach, FL 33 Boynton Beach, FL 33
10. I certify that I am an officer or director or the receiver or trustee empow this reinstatement application, the reason for dissolution has been elim owed by the corporation have been paid and the names of individuals on this application is true and accurate, and my signature shall have the	e same legal effect as if ma	de under oath.	or or 617, F.S. I further certify that when filing ction 607.0401 or 617.0401, F.S., that all fees in Chapter 119, F.S. The information indicate the company of the company of the company of the company of the certific that when filing the company of the certific that when filing that when filing that when filing the certific that when filing that
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGN	ING OFFICER OR DIRECTOR	Dat	Daytime Phone #