

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 16 AM 8:00

DOCUMENT # **P97000008082**

1. Corporation Name

ELITE Bulldozing & Construction, inc.

2. Principal Office Address

PO Box 80-2408

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 80-2408

Suite, Apt. #, etc.

City & State

Aventura

City & State

Aventura

Zip

33280

Country

USA

Zip

33280

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

1-28-97

5. FEI Number

650729952

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

JASON MADOW

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

19500 Turnberry Way

Suite, Apt. #, Etc.

APT 20-C

City

Aventura

State

FL

Zip Code

33180

MRD

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 **9-9-03**

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	Antonio GONZALEZ	1820 NE 163 ST SUITE 301	N. MIAMI, FL

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 under section 119.07(3)(i), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antonio Gonzalez President

9/12/03

Date

Daytime Phone #

786-290-7367

CR2E081 (10/02)