

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC -3 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000076455

1. Corporation Name

Elite Corporate Services, Inc

900009320629  
12/03/02--01061--004 \*\*150.00

2. Principal Office Address

10871 NW 52nd St

Suite, Apt. #, etc.

Ste 2

City & State

Sunrise FL

Zip

33351

Country

3. Mailing Office Address

10871 NW 52nd St

Suite, Apt. #, etc.

Ste 2

City & State

Sunrise FL

Zip

33351

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/2/98

5. FEI Number

65-0862789

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

Ludwig Perciavalle

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

10871 NW 52nd St

Suite, Apt. #, Etc.

Ste 2

City

Sunrise

State

FL

Zip Code

33351

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

REGISTERED AGENT MUST SIGN

Date

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
PSD	Ludwig Perciavalle	10871 NW 52nd St	Plantation FL 33351

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

Elite Corporate Services  
10871 N.W. 52<sup>nd</sup> Street, Suite 2  
Sunrise, FL 33351

November 25, 2002

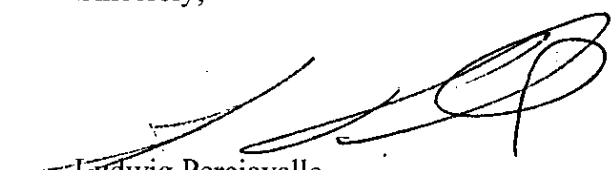
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Elite Corporate Services, Inc.  
EIN#: 65-0862789

Dear Sir/Madam:

I am the President of Elite Corporate Services, Inc. It has recently come to my attention that my company was administratively dissolved. Please be advised that although the address listed with the state is correct, I have not received any renewal documents from the state at all this year. Please note that since the date of the corporation's inception, all renewal documents have always been submitted in a timely manner and in good faith. I am enclosing a check in the amount of \$ 150.00 as the renewal fee along with the proper, fully executed reinstatement form. I appreciate your cooperation in this matter.

Sincerely,



Ludwig Perciavalle