

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000076455				FILED
1. Entity Name ELITE CORPORATE SERVICES, INC.				06 JAH 31 AH 11: 20
Principal Place 10871 NW 52 STE 2 SUNRISE, FL	2ND ST	Mailing Address 10871 NW 52ND ST STE 2 SUNRISE, FL 33351		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business 3. Mailing Address 3				
City & State	WATILY FL.	City State / LOW	FL	4. FEI Number Applied For 65-0862789 Not Applicable
Zip ,333	VV BAUNAND	Zip 333VV	Country SnowAN	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent
PERCIAVALLE, LUDWIG 10871 NW 52ND ST STE 2 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)				
SUNRISE,	FL 33351 P/AN	TATION FL 3537	City	FL Zip Code
8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Structure, typeg-of-prified name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OANE				
FII	LE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS	PSD PERCIAVALLE, LUDWIG G 10871 NW 52ND ST	Delete	STREET ADDRESS	PORCHAVA/R, LUDINIE G.
CITY-ST-ZIP	SUNRISE, FL 33351		C117-31-21F	DYANTAUN PC 333VV
TITLE NAME STREET ADDRESS	г	□ Delete	TITLE NAME STREET ADDRESS	Change
CITY-ST-ZIP.			CITY-ST-ZIP	n2/10/0601072019 **300.00
TITLE NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	Change Addition
CITY-ST-ZIP TITLE NAME		Detete	CITY-ST-ZIP TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			_STREET_AOORESS	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP			CITY-ST-ZIP	C Channel C addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report Strue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee emprecayed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an acquest, with all other like empowered.				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #				

B. Mitchell FEB 3 2006