

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01 JAN 22 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000014797

1. Corporation Name

THE ELITE BUILDING GROUP, INC

2. Principal Office Address

1919 NE 45ST

3. Mailing Office Address

Suite, Apt. #, etc.

118

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

City & State

FL

Zip

33308

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

ROBERT J. MARTINEZ

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

1919 NE 45 ST

Suite, Apt. #, Etc.

118

City

FT LAUDERDALE,

State

FL

Zip Code

33308

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

Robert J. Martinez

REGISTERED AGENT MUST SIGN

Date 1-19-00

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
PRES	FRED GRAND	6540 RACQUET CLUB DR.	FT LAUD, FL 33319
VP	DANA GANCI	"	"
Secy	VIRGINIA BRANT	"	"
D	ROBERT J. MARTINEZ	1919 NE 45 ST #118	FT LAUD, FL 33308

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:

Robert J. Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-00

Date

954667-6669

Daytime Phone #

CR2E081 (9/00)

TOO WHOM IT MAY CONCERN

P99000014797

WE NEVER RECEIVED THE RENEWAL NOTICE.

WE HAVE CHANGED OUR ADDRESS.

REG AGENT AND OFFICERS /DIRECTORS

THANK YOU

A handwritten signature in cursive script, appearing to read "Robert J. Martinez".

ROBERT J MARTINEZ