

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 AUG 10 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000035179

1. Corporation Name

ELITE HOME BUILDERS AND REMODELERS, INC.

Principal Place of Business

Mailing Address

11062 SO. MILITARY TR., STE. 451
BOYNTON BEACH FL 33436

11062 SO. MILITARY TR., STE. 451
BOYNTON BEACH FL 33436



REINSTATEMENT

DD-01

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65 0911438

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RITA, EUGENE N	11062 SO. MILITARY TR., STE. 451	BOYNTON BEACH FL 33436
D	RITA, GAYLE S	11062 SO. MILITARY TR., STE. 451	BOYNTON BEACH FL 33436
	D, R, S, RITA, GAYLE S	11062 SO. MILITARY TR., STE. 451	Boynton Beach FL 33436
			000004547610--8 -08/21/01--01075--012 ***908.75 ***908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RITA, EUGENE N 11062 SO. MILITARY TR., STE. 451 BOYNTON BEACH FL 33436	Name Rita Gayle S Street Address (P.O. Box Number is Not Acceptable) 11062 SO. MILITARY Suite, Apt. #, Etc. Suite 451 City Boynton Beach State FL Zip Code 33436
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Rita Gayle S
REGISTERED AGENT MUST SIGN

Date 8-6-01

11. 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:

Rita Gayle S, President 8-6-01 561-495-4155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #