

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

02 JUL 16 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000035310

1. Corporation Name

Elite Bookkeeping & Property  
Services, Corp.

2. Principal Office Address

841 N.E. 206<sup>th</sup> Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33179

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4/16/1999

5. FEI Number

65-0911405

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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\*\*\*\*493.75 \*\*\*\*450.00

7. Name and Address of Current Registered Agent

Name

Ludmilla champagne - Etienne

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

841 N.E. 206<sup>th</sup> Street

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code

33179

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

Ludmilla C. Etienne

REGISTERED AGENT MUST SIGN

Date 7/10/02

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/M	Ludmilla champagne - Etienne	841 N.E. 206 <sup>th</sup> Street	Miami, Fl. 33179
			T. Lewis 7/10/02

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:

Ludmilla C. Etienne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/02 (303) 674-8278

Date

Daytime Phone #

Ext 13

CR2E081 (9/01)