

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 JAN -8 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000104380**

1. Corporation Name

ELITE LENDING CORP

Principal Place of Business

Mailing Address

135 YACHT CLUB WAY APT 108
LANTANA FL 33462

135 YACHT CLUB WAY APT 108
LANTANA FL 33462



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3175 S. Congress Ave

Suite, Apt. #, etc.

201

Palm Springs, FL

City & State

Zip

33461

Palm Beach Co.

County

3. New Mailing Office Address, If Applicable

3175 S. Congress Ave

Suite, Apt. #, etc.

201

Palm Springs

City & State

Zip

33461

Palm Beach Co.

County

4. Date Incorporated or Qualified To Do Business in Florida

11/29/1999

5. FEI Number

65-0963157

Applied For

Not Applicable

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	DIRANI, SAVEDRA J	135 YACHT CLUB WAY APT 108	LANTANA FL 33462
	<i>Artes Dirani, Savodra J</i>	<i>3175 S. Congress Ave #201</i>	<i>Palm Springs FL 33461</i>

400003536114--2
-01/12/01--01094--012
****900.00 ****900.00

LS

8. Name and Address of Current Registered Agent

FRANKLIN, ELIOTT
5315 LAKE WORTH RD
LAKE WORTH FL 33463

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/4/01

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:

[Signature]
SAVEDRA DIRANI

Date

1/4/01 *561-966-2688*

Daytime Phone #

CR2E040 (8/00)