

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V57083**

1. Corporation Name

**ELITE DEMONSTRATIONS, INC.**

Principal Place of Business

1870 N. ST. RD. 7  
MARGATE FL 33063  
US

Mailing Address

1870 N. ST. RD. 7  
MARGATE FL 33063  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/07/1992

5. FEI Number

65-0348870

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DP	KAGAN, ANITA	1870 N ST RD 7	MARGATE FL 33063

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-11/02/00--01009--017

\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARRETT, FRAN R.  
4300 N UNIVERSITY DR  
SUITE D-200  
LAUDERHILL FL 33321

Name

ANITA KAGAN

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

1870 N. ST RD 7

Suite, Apt. #, Etc.

120

City

MARGATE FL

State

FL

Zip Code

33063

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

10-17-00

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# **Elite Demonstrations**

1870 N. State Road 7 • Suite 120 • Margate, Florida 33063

(954) 974-6808 • Fax 974-5033

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To Whom it May Concern

On April 25, 2000 my office Manager  
sent our check for \$100.00 and  
the application to your office.

I have no idea where it  
went as it is obvious it has  
been lost in the mail.

I hope you will accept  
the enclosed.

Thank you very much for  
your attention in this matter.

Anita W. Kogan