

**L02000017553**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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08/30/04

DOCUMENT # **L02000017553**

1. Limited Liability Company's Name

ELITE INVESTMENT CONSULTANTS, L.L.C.

**REINSTATEMENT 2003-2004**

600040085246  
08/11/04--01045--001 \*\*205.00

2. Principal Office Address 2828 Coral Way Suite 300		3. Mailing Office Address 2828 Coral Way Suite 300	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Miami		City & State Miami	
Zip 33145	Country Miami-Dade	Zip 33142	Country Miami-Dade

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 07/12/2002	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

B. Name and Address of Current Registered Agent	
Name Fausto Alvarez	
Street Address (P.O. Box Number is Not Acceptable) 2828 Coral Way, Suite 300	
Suite, Apt. #, Etc. Suite 300	
City Miami	State FL
	Zip Code 33145

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* Date July 8, 2004

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Fausto Alvarez	2828 Coral Way, Suite 300	Miami, FL 33145
MGR	General Atlantica de Inv.	2828 Coral Way, Suite 300	Miami, FL 33145

**REINSTATEMENT**

2003-  
2004

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *[Signature]* Date July, 8/04 Daytime Phone # (305)733-0082

Typed or printed name of signing Managing Member/Manager Fausto Alvarez

CR2E041 (10/02)