

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

2004 JAN -6 AM 11:09

DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

DOCUMENT # L02000031977

Name and Mailing Address

0005834 01 AT 0.292 \*\*AUTO T3 0 0615 33130-160921  
 ELVIS, LLC  
 155 SOUTH MIAMI AVENUE PH-2A  
 MIAMI FL 33130-1609

700026047297  
 01/06/04--01005--019 \*\*150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/27/2002	
Principal Place of Business 155 SOUTH MIAMI AVENUE PH-2A MIAMI FL 33130		6. FEI Number 33-1052539	
3. New Principal Place of Business Address City, State, Zip		Applied For Not Applicable	
8. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 SE 2ND STREET STE. 3500 MIAMI FL 33131		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name Daniel Sirlin	
		Street Address (P.O. Box Number is Not Acceptable) 155 S. Miami Avenue,	
		PH 2A	
		City Miami	
		FL Zip Code 33130	
10. 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 <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> Date 12/15/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Dominique Sirlin	155 S. Miami Ave, PH2A	Miami FL 33130

**REINSTATEMENT 2003**

12. 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 REQUIRED  
 Signature of Managing Member/Manager Dominique Sirlin Date 12/15/03 Daytime Phone # 305-379-9394

CR2004 (7/03)