

To: The Florida Dept. of State
Subject: 000438.115922

From: Ashley Smith

Friday, December 11, 2009 11:15 AM Page: 1 of 2

2082

Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.exe>

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110430000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

000438.115922

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jlf@florida.com

**CORPORATION REINSTATEMENT
ELYSIUM GROUP U.S. HOLDINGS INCORPORATED**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$3,150.00

2,400.00
\$2,550.00, the
Client did not receive
an annual report
reminder*

Electronic Filing Menu

Corporate Filing Menu

Help

H09000256227 3

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**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000003

1. Corporation Name
Elysium Group U.S. Holdings Incorporated

2. Principal Office Address - No P.O. Box #
3211 South Ocean Boulevard

Suite, Apt. #, etc.
604

City & State
Highland Beach, Florida

Zip Country
33487 USA

3. Mailing Office Address
3211 South Ocean Boulevard

Suite, Apt. #, etc.
604

City & State
Highland Beach, Florida

Zip Country
33487 USA

7. Name and Address of Current Registered Agent

Name
National Corporate Research Ltd., Inc.

Street Address (P.O. Box Number is Not Acceptable)
515 East Park Avenue

Suite, Apt. #, Etc.

City State Zip Code
Tallahassee FL 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent *Mary Josephine Fiorilla* Date 12/9/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Mary Josephine Fiorilla	3211 South Ocean Blvd	Highland Beach, FL 33487

10. E-mail Address: mf@fiorilla.com

(To be used for future annual report notification)

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, I further certify, 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: *Mary Josephine Fiorilla* **Mary Josephine Fiorilla** December 2, 2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RECEIVED
PM 6:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09

H09000256227 3