

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



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

**FILED**

01 NOV -5 PM 12:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # L-6264  
 1. Limited Liability Company's Name  
Elite Home Management Services  
5260 W 1116 Bronson Hwy #115  
KISS, FL 34746

2. Principal Office Address		3. Mailing Office Address	
<u>5260 W 1116 Bronson</u>		<u>5260 W 1116 Bronson</u>	
Suite, Apt. #, etc. <u>#115</u>		Suite, Apt. #, etc. <u>#115</u>	
City & State <u>KISS, FL</u>		City & State <u>KISS, FL</u>	
Zip <u>34746</u>	Country <u>OSC</u>	Zip <u>34746</u>	Country <u>USA</u>

**REINSTATEMENT 2001**

4. Date of Formation <u>Osceola County / FL</u>
5. Date Organized or Qualified To Do Business in Florida <u>9/00</u>
6. FEI Number <u>593648561</u>
Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>

**8. Name and Address of Current Registered Agent**

Name <u>Middleton Dand</u>	800004685278-8
Street Address (P.O. Box Number is Not Acceptable) <u>5260 W 1116 Bronson Hwy</u>	-11/16/01--01051--023
Suite, Apt. #, Etc. <u>#115</u>	****150.00 ****150.00
City <u>KISS</u>	State <b>FL</b>
	Zip Code <u>34746</u>

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 10/31/01  
 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
<u>mgr</u>	<u>Middleton Dand</u>	<u>" "</u>	

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 10/15/01 Daytime Phone # 908-4845  
 Typed or printed name of signing Managing Member/Manager \_\_\_\_\_

CR2E041 (9/01)