


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 OCT 29 PM 12:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L00000010914

1. Limited Liability Company's Name
 Elegant House International, LLC

2. Principal Office Address 1960A SW 30th Ave Suite, Apt. #, etc.		3. Mailing Office Address 1960A SW 30th Ave Suite, Apt. #, etc.	
City & State Hallandale, Florida		City & State Hallandale, Florida	
Zip 33009	Country USA	Zip 33009	Country USA

REINSTATEMENT 2001

4. State/Country of Formation
 Florida / USA

5. Date Organized or Qualified To Do Business in Florida
 Jan, 31 1997

6. FEI Number
 65-0761768

7. CERTIFICATE OF STATUS DESIRED **\$5.00 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name: **Ahmed Nadar**

Street Address (P.O. Box Number is Not Acceptable): **1960 A SW 30th Avenue**

Suite, Apt. #, Etc.:

City: **Hallandale**

State: **FL** Zip Code: **33009**

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: _____ Date: **10/22/01**

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
President	Ahmed Nadar	1960A SW 30th Ave	Hallandale FL 33009

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: _____ Date: **10/22/01** Daytime Phone #: **954-457-8836**

Typed or printed name of signing Managing Member/Manager: **Ahmed Nadar**

CR2E041 (9/01)