

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L01000014678

1. Limited Liability Company's Name

**Elena, LC**

2. Principal Office Address - No P.O. Box #

2300 North Surf Rd

Suite, Apt. #, etc.

3. Mailing Office Address

3518 Broadway

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

West Palm Beach, FL

Zip

33019

Country

USA

Zip

33407

Country

USA

8. Name and Address of Current Registered Agent

Name

Gary Goldstein

Street Address (P.O. Box Number is Not Acceptable)

3518 Broadway

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33407

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

REGISTERED AGENT MUST SIGN

Date **June 24, 2010**

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
MGM	Gary Goldstein	3518 Broadway	West Palm Beach, FL 33407
MGM	Scott Thomson	3518 Broadway	West Palm Beach, FL 33407

**REINSTATEMENT 08-10 AL**

11. E-mail Address GAGPA@aol.com

(To be used for future annual report notifications)

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 of  
Managing Member/Manager

Date **June 24, 2010**

Daytime Phone #

**561-373-0327**

Typed or printed name of signing Managing Member/Manager

**FILED**

2010 JUN 28 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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