

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jan Smith
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 10 PM 7:51

1. DOCUMENT # L0100019484

Name and Mailing Address

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11/07/02--01074--007 **150.00

ELIZABETH HOLDINGS, LLC
306 WORTH AVENUE
WEST PALM BEACH FL 33380



REINSTATEMENT

2002

CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 306 WORTH AVENUE WEST PALM BEACH FL 33380		5. Date Organized or Qualified To Do Business in Florida 11/13/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1157255	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent WALDEN & NORCIO, CERTIFIED PUBLIC ACCOUNTA 1489 WEST PALMETTO PARK ROAD 400 BOCA RATON FL 33486 pay 98214	9. Name and Address of New Registered Agent Name: Walden Certified Public Accountant, P.A. Street Address (P.O. Box Number is Not Acceptable): 1489 W. Palmetto Park Rd. Boca Raton City: Boca Raton FL Zip Code: 33486
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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: Elizabeth Be... Date: 11/28/02
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
President	Elizabeth Be...	306 Worth Avenue Palm Beach, FL 33480	

REINSTATEMENT 2002

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: Elizabeth Be... Date: 11/5/02 Daytime Phone: 561-346-9522

Typed or printed name of signing Managing Member/Manager