

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB 27 AM 11:02

DOCUMENT # 202 000011620

1. Limited Liability Company's Name

ELYSIUM PROPERTIES, LLC

REINSTATEMENT

Handwritten signature

CR2E041 (10/08)

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

34924 Williams Cemetery Rd

Suite, Apt. #, etc.

City & State

Dade City, FL

Zip
33525

Country
USA

3. Mailing Office Address

34924 Williams Cemetery Rd

Suite, Apt. #, etc.

City & State

Dade City, FL

Zip
33525

Country
USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida 2002

6. FEI Number

☐ Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
John Arnold

Street Address (P.O. Box Number is Not Acceptable)
34924 Williams Cemetery Rd

Suite, Apt. #, Etc.

City
Dade City, FL

State
FL

Zip Code
33525

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Handwritten signature of John Arnold

REGISTERED AGENT MUST SIGN

Date 1/26/09

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
MGR	John Arnold	34924 Williams Cemetery Rd	Dade City, FL 33525

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

Handwritten signature of John Arnold

Date 1/26/09

Daytime Phone # 352-339-1408

Typed or printed name of signing Managing Member/Manager John Arnold

Handwritten number 209-6681

Handwritten number 555.00