PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAR 12 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000018653

1. Limited Liability Company's Name

ELITE INVESTMENT GROUP, LLC

CR2E041 (11/10)   10-12

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	
211 TIMBERLAKE RD	211 TIMBERLAKE RD	
Suite, Apt. #, etc	Suite, Apt #, etc.	4. State/Country of Formation
		5. Date Organized or Qualified To Do Business in Florida
City & State TALLAHASSEE, FL	City & State TALLAHASSEE, FL	6. FEI Number 33-1017251 ☐ Applied For ☐ Not Applicable
Zip 32312 Country	Zip 32312 Country	7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name PETER GONZALEZ JR

Street Address (P.O. Box Number is Not Acceptable) 211 TIMBERLAKE RD

Suite, Apt #. Etc

City TALLAHASSEE	State FL	Zip Code 32312

REINSTATEMENT
03/12/12--01082--013 **541.25

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 3/12/12

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
MGRM	PETER GONZALEZ JR.	211 TIMBERLANE RD	TALLAHASSEE, FL 32312
			B. BOSTICK
			MAR 1 2 2012
			EXAMINER

11. E-mail Address: PETE@TALCOR.COM
(To be used for future annual report notifications)

12. I certify that I am a 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S

Signature of Managing Member/Manager _____ Date 3/12/12 Daytime Phone # 850.510.7864

Typed or printed name of signing Managing Member/Manager PETER GONZALEZ JR