

300.00
9-26-03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # LO2000020668

1. Limited Liability Company's Name

THE ELITE GROUP, LLC.

CR2E041 (8/05)

2. Principal Office Address

1704 78th DR. E.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 721

Suite, Apt. #, etc.

City & State-

SARASOTA, Florida

City & State

TALLEHAST, Florida

Zip

34243

Country

MANATEE

Zip

34270

Country

MANATEE

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

08-22-02

6. FEI Number

22-3864222

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

ELLIOT WASHINGTON

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

1704 78th AVENUE DRIVE EAST

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34243

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

Elliot Washington
REGISTERED AGENT MUST SIGN

Date 10-30-06

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
OWNER	ELLIOT WASHINGTON	1704 78th DR. E.	SARASOTA, FL 34270

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REINSTATEMENT
03-06

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

Elliot Washington

Date 10-30-06

Daytime Phone # (941) 232-2922

Typed or printed name of signing Managing Member/Manager

ELLIOT WASHINGTON