

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

06 SEP 11 AM 9:51

DOCUMENT # LO2000028767

1. Limited Liability Company's Name

E Lite Correspondence Handling, LLC

2. Principal Office Address

752 Tanglewood Circle

Suite, Apt. #, etc.

City & State

Weston, FL

Zip

33327

Country

USA

3. Mailing Office Address

752 Tanglewood Circle

Suite, Apt. #, etc.

W

City & State

Weston FL

Zip

33327

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

10.29.2007

6. FEI Number

71-0912767

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

Rendon, Santiago

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

752 Tanglewood Circle

Suite, Apt. #, Etc.

City

Weston

State  
FL

Zip Code

33327

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

Santiago Rendon

Date Sept 6, 2006

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
<u>MBRM</u> <u>Manager</u>	<u>Santiago Rendon</u>	<u>752 Tanglewood Circle</u>	<u>Weston FL 33327</u>
			<u>000080003900</u>
			<u>09/20/06--01054--024 **300.00</u>
			<u>REINSTATEMENT 03-06</u>

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

Santiago Rendon

Date Sept 6, 2006

Daytime Phone# 954 217-9410

Typed or printed name of signing Managing Member/Manager

SANTIAGO RENDON