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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glenda F. Hood
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

03 NOV 24 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000029530

Name and Mailing Address

0007692 01 AT 0.292 **AUTO T9 0 0615 33180-372043

MC ELEVA GROUP, LLC
20937 BAY COURT, STE. 118
AVENTURA FL 33180-3720

REINSTATEMENT



2. New Mailing Address PO Box 630595		4. State/Country of Formation FL	
City, State, Zip MIAMI, FL 33163		5. Date Organized or Qualified To Do Business in Florida 11/05/2002	
Principal Place of Business 20937 BAY COURT, STE. 118 AVENTURA FL 33180	3. New Principal Place of Business Address SAME AS ABOVE	6. FEI Number 41-2067816	Applied For <input type="checkbox"/> Not Applicable
City, State, Zip		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 HAGEN & HAGEN, P.A. 3531 GRIFFIN RD. FT. LAUDERDALE FL 33312		9. Name and Address of New Registered Agent Name SAME - Street Address (P.O. Box Number) 100024950581 11/24/03--01024--002 **150.00 City FL Zip Code	
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 SIGNATURE REQUIRED Date 11-17-03 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
P	GABRIEL MAESTRACCI	19501 W. Country Club Dr. #1512	AVENTURA, FL 33180
VP	DONATO CALANDRIELLO	19501 W. Country Club Dr. #2011	AVENTURA, FL 33180
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 SIGNATURE REQUIRED Date 11-17-03 Daytime Phone # 954-605-1806 Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)