

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
DIVISION OF CORPORATIONS
FEB -5 PM 1:24

DOCUMENT # L02000030453

1. Limited Liability Company's Name

AN ELEGANT EVENT, LLC

REINSTATEMENT 2003-2004

2. Principal Office Address

3. Mailing Office Address

MIZNER PARK OFFICE TOWER 225 NE MIZNER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 300

City & State

City & State

BOCA RATON, FL

Zip

Country

Zip

Country

33432

LIS

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

11/13/02
2/19/03

6. FEI Number

01-0658546

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

NANCY BEE

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

225 NE MIZNER BLVD - MIZNER PARK OFFICE TOWER

Suite, Apt. #, Etc.

SUITE 300

City

BOCA RATON

State

FL

Zip Code

33432

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

Nancy Bee

Date 1/22/03

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
MBEM	Chasity NAVARRO	MIZNER PARK OFFICE TOWER 225 NE MIZNER BLVD	BOCA RATON, FL 33432
MBRM	NANCY BEE	MIZNER PARK OFFICE TOWER 225 NE MIZNER BLVD	BOCA RATON, FL 33432

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

Nancy Bee

Date 1/26/04

Daytime Phone # 561-620-7434

Typed or printed name of signing Managing Member/Manager

Nancy Bee

CR2E041 (10/02)