

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 APR -6 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000026034

1. Limited Liability Company's Name

Elite Group Investments, LLC

2. Principal Office Address - No P.O. Box #

1331 Brickell Bay Dr.

Suite, Apt. #, etc

CU-2

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

1331 Brickell Bay Dr.

Suite, Apt. #, etc

CU-2

City & State

Miami, FL

Zip

33131

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

07/16/2003

6. FEI Number

200095433

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

Manuel Gil

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

1331 Brickell Bay Dr.

Suite, Apt. #, Etc.

CU-2

City

Miami

State

FL

Zip Code

33131

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Manuel Gil

REGISTERED AGENT MUST SIGN

Date 3/30/2010

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
MEMBER	Manuel Gil	1331 Brickell Bay Dr. CU-2	Miami, FL 33131
MEMBER	Oscar Acosta	1331 Brickell Bay Dr. CU-2	Miami, FL 33131
REINSTATEMENT-08-10			700161981897 10/21/09 01025011

11. E-mail Address: mannygite@hotmail.com

(To be used for future annual report notifications)

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

Manuel Gil

Date 3/30/2010

Daytime Phone # 305/7252537

Typed or printed name of signing Managing Member/Manager MANUEL GIL

C.L.

516.25