

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -9 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400175025234
04/08/10--01050--016 ***832.50

CR2E041 (11/09)

DOCUMENT # **LD3000035696**

1. Limited Liability Company's Name

THE ELOTHIM GROUP, LLC

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

705 SEAGATE DR.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

City & State

TAMPA FL

City & State

SAME

Zip

33602

Country

USA

Zip

Country

4. State/Country of Formation

FL 02/DA USA

5. Date Organized or Qualified
To Do Business in Florida

09/15/2003

6. FEI Number

134266860

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

ALBERT KABEMBA

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

705 SEAGATE DR.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33602

☒ 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

Albert Kabemba

REGISTERED AGENT MUST SIGN

Date **4-5-2010**

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
MGRM	ALBERT KABEMBA	705 SEAGATE DR.	TAMPA, FL 33602
MGRM	JULIE GIBSON L. SELLERS	705 SEAGATE DR.	TAMPA, FL 33602
	APR 12 2010		
	EXAMINER		
			REINSTATEMENT 05-2010

11. E-mail Address: **AKABEMBA@TAMPABAY.RZ.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

Albert Kabemba

Date

4-5-2010

Daytime Phone #

813-470-0382

Typed or printed name of signing Managing Member/Manager

ALBERT KABEMBA