

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 16 PM 2:39

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000022648

1. Limited Liability Company's Name

ELMSWAY FL, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600110059766
09/28/07--01050--024 **50.00
600110059766
10/16/07--01053--014 **50.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 13040 SW 69 CT. Suite, Apt. #, etc.		3. Mailing Office Address 13040 SW 69 CT. Suite, Apt. #, etc.	
City & State PINECREST, FL.		City & State PINECREST, FL.	
Zip 33156	Country USA	Zip 33156	Country USA

4. State/Country of Formation FLORIDA USA	
5. Date Organized or Qualified To Do Business in Florida 3/7/2005	
6. FEI Number 20-2462793	Applied For Not Applicable
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			
Name EDWARD L. MATTHEWS			
Street Address (P.O. Box Number is Not Acceptable) 13040 SW 69 CT			
Suite, Apt. #, Etc.			
City PINECREST	State FL	Zip Code 33156	

☒ 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 Edward L. Matthews	Date 9/25/07
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
MGRM	EDWARD L. MATTHEWS	13040 SW 69 CT	PINECREST, FL 33156
MGRM	LUCILLE MATTHEWS	13040 SW 69 CT	PINECREST, FL 33156

REINSTATEMENT

06/07/07
E. Matthews

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 Edward L. Matthews	Date 9/25/07
Daytime Phone # 305-970-2214	
Typed or printed name of signing Managing Member/Manager EDWARD L. MATTHEWS	