

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 SEP 15 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000066984

1. Limited Liability Company's Name

ELVIAL, LLC

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

19877 East Country Club

Suite, Apt. #, etc.

403

City & State

Aventura, Fl.

Zip

33180

Country

3. Mailing Office Address

19877 East Country Club

Suite, Apt. #, etc.

403

City & State

Aventura, Fl.

Zip

33180

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

07/07/2005

6. FEI Number

20-4578459

☐ 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

CORPORATE MAINTENANCE SERVICES, LLC

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

1000 Brickell Avenue,

Suite, Apt. #, Etc.

Suite 215

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

REGISTERED AGENT MUST SIGN

Date

9-10-09

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
MEM	Gherzi, Jose Alberto	19877 East Country Club Dr. #403	Aventura, Fl. 33180

REINSTATEMENT -07-09

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

Date

9-10-09

Daytime Phone #

305 349-1500

Typed or printed name of signing Managing Member/Manager

MEM