

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 DEC 23 AM 8:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

100138516381
12/05/08--01040--009 **138.75

100138516381
12/22/08--01037--007 **138.75

CR2E041 (10/08)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LD5000070113

1. Limited Liability Company's Name

EVEREST INVESTMENT
GROUP LLC

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

498 SW 2nd ST # 201

Suite, Apt. #, etc.

201

City & State

MIAMI, FL

Zip

33130

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

7/15/05

6. FEI Number

743149311

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

ORLANDO PEREZ

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

498 SW 2nd ST

Suite, Apt. #, Etc.

201

City

MIAMI

State

FL

Zip Code

33130

☒ 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 12/2/08

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	ORLANDO PEREZ	498 SW 2nd ST #201	MIAMI, FL, 33130

L. SELLERS

DEC 24 2008

EXAMINER

REINSTATEMENT

2007, 2008

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

12/2/08

Daytime Phone #

305.336.7513

Typed or printed name of signing Managing Member/Manager

ORLANDO PEREZ