L05000079712

Florida Department of State
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LIMITED LIABILITY REINSTATEMENT

ELITE WEALTH PROTECTION CONCEPTS, LLC

Certificate of Status	1
Certified Copy	0
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000079712

1. Corporation Name: Elite Wealth Protection Concepts, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
319 Clematis	same
Suite, Apt. #, etc.: Suite 408	Suite, Apt. #, etc.
City & State: West Palm Beach FL.	City & State
Zip: 33401 Country: USA	Zip Country

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida: 8/12/05

5. FEI Number: 26-3217948 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for Certified Copy

7. Name and Address of Current Registered Agent

Name: Dina Diana Rizo
Street Address (P.O. Box Number is Not Acceptable): 319 Clematis
Suite, Apt. #, Rm.: Suite 408
City: West Palm Beach State: FL Zip Code: 33401

☐ The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 08/22/08
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MM member	Dina Diana Rizo	319 Clematis, ste 408	West Palm Beach FL, 3340

REINSTATEMENT 06,08

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: [signature] 08/22/08 561-833-9123
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #