

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 19 PM 1:43

DOCUMENT # LO5000105416

1. Corporation Name

The Ellis Bronson Luxury Group, LLC

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

315 N. Copeland St

Suite, Apt. #, etc.

C-2

City & State

Tallahassee, FL

Zip

32304

Country

US

3. Mailing Office Address

315 N. Copeland St.

Suite, Apt. #, etc.

C-2

City & State

Tallahassee, FL

Zip

32304

Country

US

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/2005

5. FEL Number

020761915

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mark Hill

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

315 N. Copeland St

Suite, Apt. #, Etc.

C-2

City

Tallahassee

State

FL

Zip Code

32304

☐ 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

Z A Niece II

REGISTERED AGENT MUST SIGN

Date

11/11/08

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
PD	Mark Hill	315 N. Copeland St Suite C-2	Tallahassee FL, 32304
VP	Elijah Young	315 N. Copeland St Suite C-2	Tallahassee FL, 32304
MGR	Emily Collins	315 N. Copeland St Suite C-2	Tallahassee FL, 32304

#00138010514
11/17/08--01060--006 ***377.50

REINSTATEMENT 2007-08

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:

Z A Niece II Mark Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/11/08
Daytime Phone #

(850) 391-2053