

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 JUN 29 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400157289064  
06/16/09--01073--001 \*\*516.25

CR2E041 (10/08)

DOCUMENT # L05000120559

1. Limited Liability Company's Name

Elite Hotels, LLC

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

4421 Okeechobee Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

4421 Okeechobee Blvd

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33409

Country

USA

Zip

33409

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

12/19/2005

6. FEI Number

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

Suketu Patel

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

2771 Pillsbury Way

Suite, Apt. #, Etc.

City

Wellington FL

State

FL

Zip Code

33414

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 6/15/09

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
MGRM	Suketu Patel	2771 Pillsbury Way	Wellington FL 33414
MGRM	Paresh Patel	2216 Widener Terrace	Wellington FL 33414
MGRM	Sumit Patel	2771 Pillsbury Way	Wellington FL 33414
<b>REINSTATEMENT</b>			
<i>[Signature]</i>			

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

*[Signature]*

Date 6/15/09

Daytime Phone# 561-722-6310

Typed or printed name of signing Managing Member/Manager

Suketu Patel