

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

LO6000011221

1. Limited Liability Company's Name

PHARAOHS INVESTMENT GROUP LLC

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

8844 SW 177 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33157

Country

MIAMI DADE

3. Mailing Office Address

8844 SW 177 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33157

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

JANUARY 31, 2006

6. FEI Number

20-4350845

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

DOLEY MATHURIN

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

8844 SW 177 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

☐ 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

4/20/10

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	Alaa Elbiali	207 Poinciana Island	DR Sunny Isles, FL 33160
MEM	DOLEY MATHURIN	8844 SW 177 TERRACE	MIAMI FL 33157

11. E-mail Address:

mathu-indoley@yahoo.com

(To be used for future annual report notifications)

12. 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

4/20/10

Daytime Phone #

(305) 277-8283

Typed or printed name of signing Managing Member/Manager

Alaa Elbiali