

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>LO6000011221</i>			
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.		3. Mailing Office Address 8844 SW 177 TERRACE Suite, Apt. #, etc.	
Cty & State MIAMI FL		City & State MIAMI FL	
Zip 33157	Country MIAMI DADE	Zip 33157	Country USA
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
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 <i>Dooley Mathurin</i> Date <i>4/20/10</i> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles MGRM		Name of Managing Members/Managers Alaa Elbiali	
		Street Address of Each Managing Member/Manager 207 Poinciana Island Dr Sunny Isles, FL 33160	
MGRM		City / State / Zip MIAMI FL 33157	
REINSTATEMENT 08-10 <i>DB</i>			
11. E-mail Address: <i>mathurindooley@yahoo.com</i> (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 <i>Dooley Mathurin</i>		Date <i>4/20/10</i>	Daytime Phone # <i>(305) 277-8283</i>
Typed or printed name of signing Managing Member/Manager <i>Alaa Elbiali</i>			

FILED
10 MAY 14 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/26/10-01005-022 *521.25
CR2E041 (11/09)

4. State/Country of Formation
FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida
JANUARY 31, 2008

6. FEI Number
20-4350845 Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required
for a Certificate of Status

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.