

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 AUG 19 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000030148
1. Limited Liability Company's Name CELOVY, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # <u>c/o Patrick F. Healy, Esq.</u>		3. Mailing Office Address <u>c/o Patrick F. Healy, Esq.</u>		4. State/Country of Formation <u>Florida</u>	
Suite, Apt. #, etc. <u>1795 West NASA Boulevard</u>		Suite, Apt. #, etc. <u>1795 West NASA Boulevard</u>		5. Date Organized or Qualified To Do Business in Florida <u>March 22, 2006</u>	
City & State <u>Melbourne, Florida</u>		City & State <u>Melbourne, Florida</u>		6. FEI Number <u>208847218</u>	
Zip <u>32901</u>	Country <u>USA</u>	Zip <u>32901</u>	Country <u>USA</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent Name <u>Patrick F. Healy, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1795 West NASA Boulevard</u> Suite, Apt. #, Etc. City <u>Melbourne</u> State <u>FL</u> Zip Code <u>32901</u>				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status E-mail Address: <u>pat.healy@gray-robinson.com</u> (To be used for future annual report notices)	

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 Attached Signature Date August, 2011
REGISTERED AGENT MUST SIGN

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	Alain LeClercq	c/o Patrick F. Healy, Esq. 1795 West NASA Boulevard	Melbourne, Florida 32901
MGRM	Yane Zana	956 Surf Avenue	Vero Beach, Florida 32963
200211288382 08/22/11--01002--005 **125.00			
REINSTATEMENT-2011			
The authorized agent and attorney in fact <u>Alain LeClercq, Manager</u>			

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Alain LeClercq Date 8/11/11 Daytime Phone # 321 727 8100
Typed or printed name of signing Managing Member/Manager Alain LeClercq

R.A. Reinstatement

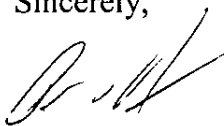
GRAYROBINSON
- PROFESSIONAL ASSOCIATION

August 17, 2011
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I would appreciate it if the Division would reinstate Celovy, LLC.

Of course, should you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,



Patrick F. Healy

PFH:ads
Enclosures

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