

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 DEC -2 AM 8:56

TALLAHASSEE FLORIDA

**DOCUMENT # L06000113364**

1. Limited Liability Company's Name

**ELYSIUM, LLC**

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # <b>3215 NW 10TH TERR</b>		3. Mailing Office Address	
Suite, Apt. #, etc. <b>210</b>		Suite, Apt. #, etc.	
City & State <b>FORT LAUDERDALE, FL</b>		City & State	
Zip <b>33309</b>	Country	Zip	Country

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida <b>11/27/2006</b>	
6. FEI Number <b>20-5940535</b>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Addtional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name <b>ARTHUR PALERMO JR. CPA</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>9720 STIRLING ROAD</b>	
Suite, Apt. #, Etc. <b>203</b>	
City <b>COOPER CITY</b>	State Zip Code <b>FL 33024</b>

☒ 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.

**500138347885**  
12/01/08 01077-007 \*\*\*777 50

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 	Date <b>11/24/08</b>

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
MGR	DENNIS HALL	2080 S. OCEAN DRIVE # 1705	HALLANDALE, FL 33009
MGRM	BRIAN HALL	2080 S. OCEAN DRIVE # 1705	HALLANDALE, FL 33009
MGRM	MIKE HALL	2080 S. OCEAN DRIVE # 1705	HALLANDALE, FL 33009
MGRM	KENT CLOTHIER	906 FOX POINTE CIRCLE	DELRAY BEACH, FL 33445
	<b>L. SELLERS</b>		
	<b>DEC - 3 2008</b>		

**REINSTATEMENT**

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 608.408, 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 	Date <b>11/24/08</b> Daytime Phone # <b>9543762127</b>
Typed or printed name of signing Managing Member/Manager <b>Dennis Hall</b>	