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LIMITED LIABILITY REINSTATEMENT
ELEVATION COMMUNITIES, LLC

Certificate of Status	1
Certified Copy	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L09000032766

1. Limited Liability Company's Name

ELEVATION COMMUNITIES, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10295 Collins Avenue	10295 Collins Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bal Harbour, FL	City & State: Bal Harbour, FL
Zip: 33154 Country: USA	Zip: 33154 Country: USA

4. State/Country of Formation: FL/USA

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 270382452 ☐ 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: Jorge Arevalo

Street Address (P.O. Box Number is Not Acceptable): 7301 SW 57 Court

Suite, Apt. #, Etc.: 515

City: South Miami State: FL Zip Code: 33143

E-mail Address: jarevalo@oneluxuryhotels.com
(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 _____ Date Jan 15/11
REGISTERED AGENT MUST SIGN

SUSAN COE
MY COMMISSION # DD965548
EXPIRES June 06, 2014

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	Jorge Arevalo	7301 SW 57 Court, Suite 515	South Miami, FL 33143
MGR	Thomas Sullivan	7301 SW 57 Court, Suite 515	South Miami, FL 33143

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 _____ Date Jan 15/11 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____

SUSAN COE
MY COMMISSION # DD965548
EXPIRES June 06, 2014
(407) 398-0153 FloridaNotaryService.com

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