

Division of Corporations

(((H11000017992 3)))

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L09000032766

Florida Department of State
Division of Corporations
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Division of Corporations
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From:

Account Name : DUANE MORRIS LLP
Account Number : I19990000059
Phone : (305) 960-2220
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Email Address: Jarevalo@oneluxuryhotels.com

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**LIMITED LIABILITY REINSTATEMENT
ELEVATION COMMUNITIES, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$243.75

D. BRUCE

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EXAMINER

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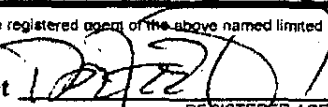
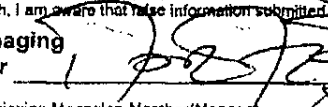
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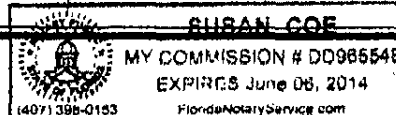
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L09000032766 1. Limited Liability Company's Name ELEVATION COMMUNITIES, LLC			
2. Principal Office Address - No P.O. Box # 10295 Collins Avenue Suite, Apt. #, etc.		3. Mailing Office Address 10295 Collins Avenue Suite, Apt. #, etc.	
City & State Bal Harbour, FL Zip Country 33154 USA		City & State Bal Harbour, FL Zip Country 33154 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		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: 		MY COMMISSION # DD985548 EXPIRES June 08, 2014 Date: Jan 15/11	
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 605.406, 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			

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