PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 JAN 30 AM 9 53

CR2E041 (1/14)

DOCUMENT #

1. Limited Liability Company's Name
L11000143475
PRESTIGE ELITE SERVICES LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1306 HOMESTEAD RD N		10289 TEMPLETON LN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
LEHIGH ACRES, FL		FORT MYERS, FL	
Zip	Country	Zip	Country
33936	US	33913	US

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business In Florida

6. FEI Number
45-4130919
✓ 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
ALEX PAGAN

Street Address (P.O. Box Number is Not Acceptable)
1306 HOMESTEAD RD N

Suite, Apt. #, Etc.

City	State	Zip Code
LEHIGH ACRES	FL	33936

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Alex Pagan Date 1/22/14
REGISTERED AGENT MUST SIGN

10. *Names and Street Addresses of Authorized Representatives/Managers*

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
M	ALEX PAGAN	10289 TEMPLETON LN	FORT MYERS FL 33913
M	ELENA FERNANDEZ	10289 TEMPLETON LN	FORT MYERS FL 33913
	JAN 30 2014	REINSTATEMENT	
	M. WILLIAMS		13

11. E-mail Address:
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager Alex Pagan Date 1/22/14 Daytime Phone # 239-628-8591

Typed or printed name of signing Authorized Representative/Manager