

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 22, 2019 08:00 AM
Secretary of State

700337512677
11/27/19--01021--004 **\$85.00

CR2E041 (1/14)

DOCUMENT # L14000018213			
1. Limited Liability Company's Name ELITE SKY HOLDINGS LLC			
2. Principal Office Address - No P.O. Box # 1100 Overseas Highway		3. Mailing Office Address 1100 Overseas Highway	
Suite, Apt., #, etc.		State, Apt. #, etc.	
City & State Marathon, FL		City & State Marathon, FL	
Zip 33050	Country USA	Zip 33050	Country USA
6. Name and Address of Current Registered Agent			
Name Chen Ting Yee			
Street Address (P.O. Box Number is Not Acceptable) Suite, 1100 Overseas Highway			
Apt. #, etc.			
City Marathon		State FL	Zip Code 33050

4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida 01-31-2014	
6. FEI Number 46-4764765	Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status	

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 *Chen Ting Yee* Date *11-20-19*

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	Chen Ting Yee	1100 Overseas Highway	Marathon, FL 33050

11. E-mail Address **fl elitesky@yahoo.com**

(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member *Chen Ting Yee* Date *11-20-19* Daytime Phone # **917-416-7720**

Typed or printed name of signing authorized representative/member **Chen Ting Yee**