

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
L98000002740  
FLORIDA DEPARTMENT OF STATE  
John Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

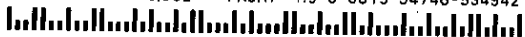
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000002740

Name and Mailing Address

0010586 01 FP 0.352 \*\*PRSRT H9 0 0615 34746-534942



PROPERTY ELITE, LLC  
5260 WEST BRONSON HIGHWAY, SUITE 117  
KISSIMMEE FL 34746-5349



2. New Mailing Address

4912 MONARCH LANE

City, State, Zip  
KISSIMMEE FL 34746

Principal Place of Business

5260 WEST BRONSON HIGHWAY,  
KISSIMMEE FL 34746

3. New Principal Place of Business Address

SUITE 117

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

11/18/1998

6. FEI Number

59-3544217

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 Southwest 22<sup>nd</sup> Street

4th Floor

City

Miami

FL

Zip Code

33145

10. 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 By:

SPIEGEL & UTRERA, P.A.

Natalia Utrera, Vice President

Date 10/29/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DONOVAN, PATRICK S	5260 WEST BRONSON HIGHWAY, SUITE 118	KISSIMMEE FL 34746

REINSTATEMENT 2002

9000008731189  
10/31/02--01075--005 \*\*150.00

Handwritten signature/initials

12. 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.

Signature of  
Managing Member/Manager

Handwritten signature of Patrick S. Donovan

Date 10.24.02

Daytime Phone # 407.396.4047

Typed or printed name of signing Managing Member/Manager

PATRICK S. DONOVAN

CR2E084 (8/02)