

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 25 PM 1:43

DOCUMENT # L99000003466

1. Limited Liability Company's Name

Spirit of Elegance, LLC

2. Principal Office Address

5600 NW 36th Street

Suite, Apt. #, etc.

363 Building 100

City & State

Miami FL

Zip

33159

Country

Dade

3. Mailing Office Address

1402 JFK Cswy

Suite, Apt. #, etc.

114

City & State

NBv, FL

Zip

33141

Country

Dade

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6/99

6. FEI Number

52-2266787

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

William Hoffman

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

99 Brickell Ave

Suite, Apt. #, Etc.

605

City

Miami

State

FL

Zip Code

33131

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

William Hoffman

REGISTERED AGENT MUST SIGN

Date NOV. 9, 2001

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
Pres/ ceo	Bivien Tooson-murphy	1500 S. Treasure Dr. N. B. Village	33141
			2001-2002
			Oct 1/25

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.

Signature of  
Managing Member/Manager

Bivien Tooson-murphy

Date 9, nov. 2001

Daytime Phone

(305) 216-7872

Typed or printed name of signing Managing Member/Manager

Bivien Tooson-murphy

CR2E041 (9/01)