

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -6 AM 9:18

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000000791

1. Limited Liability Company's Name

ELITE HOLDING MANAGEMENT, LLC

2. Principal Office Address

2701 SOUTH BAYSHORE DR.

3. Mailing Office Address

2701 SOUTH BAYSHORE DR.

Suite, Apt. #, etc.

SUITE 403

Suite, Apt. #, etc.

SUITE 403

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. State/Country of Formation

DELAWARE, USA

5. Date Organized or Qualified
To Do Business in Florida

03/12/2003

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

ANDREA PORRAS

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

2701 SOUTH BAYSHORE DR.

Suite, Apt. #, Etc.

SUITE 403

City

MIAMI

State

FL

Zip Code

33133

600061254586
11/08/05--01038--023 **209.00

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

Andrea Porras

Date 10/28/2005

REGISTERED AGENT MUST SIGN

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	MANUEL GIL	848 BRICKELLKEY DR. No 3505	MIAMI, FL 33131
MGR	OSCAR ACOSTA	2701 SOUTH BAYSHORE DR. SUITE 403	MIAMI, FL 33133

REINSTATEMENT 04-05

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

Date 10/28/2005

Daytime Phone # 305-285-9838

Typed or printed name of signing Managing Member/Manager