

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 22 AM 8:58

DOCUMENT # L02000028602

1. Limited Liability Company's Name

LUXURY HOME DEVELOPERS, LLC

900042926539
11/22/04--01044--023 **200.00

2. Principal Office Address

3200 N. OCEAN BLVD

3. Mailing Office Address

3200 N. OCEAN BLVD

Suite, Apt. #, etc.

SUITE #706

Suite, Apt. #, etc.

SUITE #706

City & State

City & State

FT. LAUDERDALE, FL

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

10/28/2002

6. FEI Number

Applied For

Not Applicable

Zip

33308

Country

USA

Zip

33308

Country

USA

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

WORLDWIDE CORPORATE SERVICES, INC.

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

2780 E. OAKLAND PK. BLVD.

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33306

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

Date 11/19/04

REGISTERED AGENT MUST SIGN **STEPHEN R. GOLDENBERG**

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
MM <i>mem</i>	VINCI, GERARD T.	3200 N. OCEAN BLVD. #706	FT. LAUDERDALE, FL 33308

REINSTATEMENT 2003-2004
Vinci
12/1

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 11/19/04.

Daytime Phone # 201-400-9488

Typed or printed name of signing Managing Member/Manager

GERARD T. VINCI