

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 01 JAN 12 AM 9:54
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **P99000049510**

1. Corporation Name

LUXURY TRAVEL SERVICES.COM, INCORPORATED

Principal Place of Business

**828
 828 WASHINGTON AVE.
 MIAMI BEACH FL 33139**

Mailing Address

**828
 828 WASHINGTON AVE.
 MIAMI BEACH FL 33139**



REINSTATEMENT *2000*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

828 Washington Ave
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

828 Washington Ave
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

06/02/1999

5. FEI Number

65-0932847

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	Lieberman, Alan	19555 Country Club Dr. # 2904	Aventura, FL 33180
D	Pearlstone P Justin	18445 NE 30th PLase	Aventura, FL 33160
			100003582781-4 -01/26/01--01155--020 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

**LEWIS, HAROLD L
 2 S. BISCAYNE BLVD. STE. 3660
 MIAMI FL 33131**

9. Name and Address of New Registered Agent

Name
Eisinger, Dennis J
 Street Address (P.O. Box Number is Not Acceptable)
4000 Hollywood Blvd.
 Suite/Apt. #, Etc.
265-5
 City
Hollywood
 State
FL
 Zip Code
33021

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **1/10/01**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE:

SIGNATURE REQUIRED
[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/9/01**

Daytime Phone # **265 532-1816**

CR2EC40 (9/00)