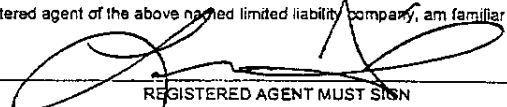


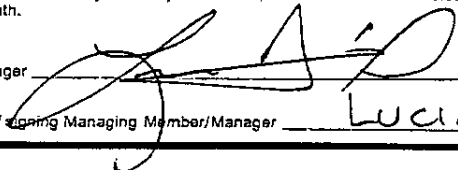
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L00000001060			
1. Limited Liability Company's Name Luv Properties, LLC			
2. Principal Office Address 3109 Grand Ave Suite, Apt. #, etc. #332 City & State MIAMI, FL Zip 33133 Country USA		3. Mailing Office Address 3109 Grand Ave Suite, Apt. #, etc. #332 City & State MIAMI, FL Zip 33133 Country USA	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 9/8/04	
6. FEI Number 65-0987344		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐		\$5.00 Additional Fee required for a Certificate of Status	

B. Name and Address of Current Registered Agent			
Name Luciano Fernandez			
Street Address (P.O. Box Number is Not Acceptable) 13727 SW 152 ST.			
Suite, Apt. #, Etc. #330			
City MIAMI		State FL	Zip Code 33177

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 9/30/04
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	LUCIANO FERNANDEZ	3109 Grand Ave #332	MIAMI, FL 33133
REINSTATEMENT 2003-2004			

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 9/30/04
Typed or printed name of Managing Member/Manager Luciano Fernandez	

CR2E01 (10/02)



CORPORATION SERVICE COMPANY

L000000001060

ACCOUNT NO. : 072100000032

REFERENCE : 910648 7456250

AUTHORIZATION :

Patricia Piguit

COST LIMIT : \$ 200.00

ORDER DATE : October 1, 2004

ORDER TIME : 1:12 PM

ORDER NO. : 910648-010

CUSTOMER NO: 7456250

CUSTOMER: Mr. Luciano Fernandez
Harvest Trust Properties Llc
Suite 332
3109 Grand Avenue
Miami, FL 33133

BK

FILED
04 OCT - 1 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: LUVI PROPERTIES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____

RECEIVED
04 OCT - 1 PM 3:11
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA