L00000001060

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT -1 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900041569999

DOCUMENT # L00000001060

1. Limited Liability Company's Name
Luvi Properties, LLC

03 BK

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 3109 Grand Ave | 3109 Grand Ave |
| Suite, Apt. #, etc. #332 | Suite, Apt. #, etc. #332 |
| City & State MIAMI, FL | City & State MIAMI, Fl |
| Zip 33133 Country USA | 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

8. 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

CR2E041 (10/02)

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 Daytime Phone # 305-496-0992

Typed or printed name of signing Managing Member/Manager: Luciano Fernandez

CSC
CORPORATION SERVICE COMPANY

L00000001060

ACCOUNT NO. : 072100000032

REFERENCE : 910648 7456250

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 200.00

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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

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

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DOMESTIC FILINGS

NAME: LUVI PROPERTIES, LLC

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

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 _____