

L000000014478

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

02 APR 11 PM 5:29

DOCUMENT # **L00000014478**

1. Limited Liability Company's Name

The Luxury Box, L.L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400005271384--5

-04/15/02--01026--021

***225.00 ***200.00

2. Principal Office Address **16411 N. Florida Avenue**

3. Mailing Office Address **16411 N. Florida Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, Florida

Tampa, Florida

Zip

33549

Country

USA

Zip

33549

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11-17-00

6. FEI Number

None

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

G. Michael Nelson, Esquire

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

Nelson, Bisconti & Thompson, L.L.C.

Suite, Apt. #, Etc.

718 W. MLK Boulevard, Suite 200

City

Tampa

State

FL

Zip Code

33603

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

G. Michael Nelson

REGISTERED AGENT MUST SIGN

Date

4-9-02

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 |
|--------|--------------------------------------|---|----------------------|
| MGRM | CHRISTOPHER YANKEE | 16411 N. Florida Avenue | Tampa, Florida 33549 |
| MGRM | JAMES GREEN | 16411 N. Florida Avenue | Tampa, Florida 33549 |
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REINSTATEMENT 2001-02 FF \$200.00

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

Chris Parker

Date

4/9/02

Daytime Phone #

813 221-0555

Typed or printed name of signing Managing Member/Manager

Chris Parker