

L01000005089

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAY -5 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000005089

1. Limited Liability Company's Name

The Allure Group, LLC

**REINSTATEMENT**

2003-  
2004

2. Principal Office Address

331 Clematis Street

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West-Palm-Beach, Florida

City & State

Zip

33401

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

03/30/2001

6. FEI Number

65-086629

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

Laura Anthony, Esq.

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

330 Clematis Street

Suite, Apt. #, Etc.

#217

City

West Palm Beach

400031699494

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400031699494

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State

FL

Zip Code

33401

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

*L. Anthony*

REGISTERED AGENT MUST SIGN

Date

3-24-04

**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	Roibert Samuels	331 Clematis Street	West Palm Beach, FL 33401
MGRM	Taylor Smith	331 Clematis Street	West Palm Beach, FL 33401

**REINSTATEMENT**

*JB*

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

*Taylor Burton Smith*

Date

3/21/04

Daytime Phone #

(561) 756-3968

Typed or printed name of signing Managing Member/Manager

Taylor Burton Smith