

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**L02000015679**

**FILED**  
04 OCT 20 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L02000015679

1. Limited Liability Company's Name

THE LUCKY GROUP LLC

**03**

**BK**

2. Principal Office Address

2100 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 600

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

USA

3. Mailing Office Address

2100 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 600

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

6/21/02

6. FEI Number

16-1633228

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

JORGE L. GURIAN

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

2100 PONCE DE LEON BOULEVARD

Suite, Apt. #, Etc.

600

City

CORAL GABLES

State

FL

Zip Code

33134

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

*[Signature]*

Date 10/19/04

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
MGRM	RODOLFO CORUJO	2100 PONCE DE LEON BLVD.	CORAL GABLES, FLORIDA 33134
		SUITE 600	

**REINSTATEMENT 2003-2004**

**BK**

000042111320  
10/22/04--01053--011 \*\*100.00

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

*[Signature]*

Date 10/19/04

Daytime Phone # 305-279-4101

Typed or printed name of signing Managing Member/Manager RODOLFO CORUJO

**L02000015679**  
**Jorge L. Gurian, P.A.**

**FILED**  
04 OCT 20 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 19<sup>th</sup>, 2004

Division of Corporations  
State of Florida  
409 East Gaines Street  
Tallahassee, FL 32399

*BK*

Re: The Lucky Group LLC (L02000015679)

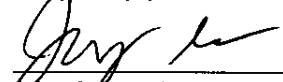
To Whom It May Concern:

Enclosed please find the Uniform Business Report for The Lucky Group LLC for 2004. This report had not been filed previously because the principal officer/ director had never received the renewal package during calendar year 2004. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the year 2004 and 2003.

We therefore respectfully request that you accept this filing as timely and classify the corporation as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

Very truly yours,

  
JORGE L. GURIAN

  
RODOLFO CORUJO

Enclosure