


# L03000020378

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
04 NOV 21 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>L03000020378</b>					
1. Limited Liability Company's Name <b>Luxury Developers, LLC</b>					
2. Principal Office Address <b>1460 South Ocean Blvd</b> Suite, Apt. #, etc.			3. Mailing Office Address <b>1460 South Ocean Blvd.</b> Suite, Apt. #, etc.		
City & State <b>Manalapan, FL</b>			City & State <b>Manalapan, FL</b>		
Zip <b>33462</b>	Country <b>USA</b>	Zip <b>33462</b>	Country <b>USA</b>	4. State/Country of Formation <b>FL</b>	
5. Date Organized or Qualified To Do Business in Florida <b>06/05/2003</b>					
6. FEI Number <b>200083086</b>				Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status					

**8. Name and Address of Current Registered Agent**

Name  
**Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**

Suite, Apt. #, Etc.

City  
**Tallahassee**

State  
**FL**

Zip Code  
**32301**

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 **Carla Lohi** **Carla Lohi** **Asst. Vice President** Date **11-24-04**

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	Paul Roiff	1460 South Ocean Blvd.	Manalapan, FL 33462

700043031 147

**REINSTATEMENT 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 **Paul Roiff** Date \_\_\_\_\_ Daytime Phone # **561-533-1523**

Typed or printed name of signing Managing Member/Manager **Paul Roiff**

REF# 993035

CR2004 (1/01/02)



CORPORATION SERVICE COMPANY

# L03000020378

ACCOUNT NO. : 072100000032

REFERENCE : 993035 12000A

AUTHORIZATION : *Patricia Pizuto*

COST LIMIT : \$ 155.00

**FILED**  
04 NOV 24 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : November 24, 2004

ORDER TIME : 2:27 PM

ORDER NO. : 993035-005

CUSTOMER NO: 12000A

CUSTOMER: Renee Ann Winslow, Legal Asst  
Robert Lee Shapiro, P.a.  
Suite 272  
2401 Pga Boulevard  
Palm Beach Gard, FL 33410

DOMESTIC FILINGS

NAME: LUXURY DEVELOPERS, LLC

**RECEIVED**  
04 NOV 24 PM 3:43  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS \_\_\_\_\_