

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-03
150.00

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR -5 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000019609

1. Limited Liability Company's Name

Luxal, LLC.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
11123 SW 37 MANOR

Suite, Apt. #, etc.

City & State

DAVIE - FL

Zip

33328

Country

USA

3. Mailing Office Address

11123 SW 37 MANOR

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33328

Country

USA

4. State/Country of Formation

FL - USA

5. Date Organized or Qualified
To Do Business in Florida

3-12-2004

6. FEI Number

61-1469767

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

ALBARRACIN, RUBEN

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

11123 SW 37 MANOR

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33328

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 2-12-07

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	ALBARRACIN RUBEN	11123 SW 37 MANOR	DAVIE, FL, 33328
MGRM	HORACIO D. LUKSABER	10 HADWAY WAY	ROSLYN, NY 11576
			200091557792
			03/07/07--01035--006 **150.00

REINSTATEMENT 05-07

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 2-12-07

Daytime Phone #

516 454-7859
786 457-3755

Typed or printed name of signing Managing Member/Manager