PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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COMPANY REINSTATEMENT COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 2010 APR -5 AM 8: 29	
DOCUMENT# L0400022504 1. Limited Liability Company's Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA
Lulu-Havana, LLC				700174182227 04/01/1001046012 **416.25 cr2E041 (11/09)	
2 Principal Office Address - No P O Box #	3 Malling Office Address			4 State/Cause	land Carmallan
22 White Oak Lane Suile Apl # etc	Suite. Apt #. etc			4. Stale/Coun	try of Formation
				5. Date Organized or Qualified To Do Business in Florida 03/24/04	
Ity & State City & State			6. FEI Number Applied For		
Weston, CT	Zip	Count	n.	D437	88490 Not Applicable
06883 U.S.			'	7 CERTIFICATE	OF STATUS DESIRED S5.00 Additional Foo required for a Certificate of Status
8 Name and Address of Current Registered Agent				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.	
Richard S. Webb, IV					
Street Address (P O Box Number is Not Acceptable)					
Sulte Ap. #. Elc					
State 600					
Sarasota, FL FL 34237					
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 (5ame)			Date		
REGISTERED AGENT MUST SIGN					
Names and Street Addresses of Managing Members/Managers Name of Street Address of Each					
Managing Members/Manage			iging Member/Manag	jet	Clly / State / Zip
MGR Lawrence Luckinbill 22 White Oak			Lane	Weston, CT 06883	
MGR Lucie A. Luckinbill ""					
REINSTATEMENT-08-10					
REINSTATE MENT -08-70					
11. E-mail Address: QVIVCK Q acl. Com (To be used for fullying annual report notifications)					
12. 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 corpany have been peid. The impromation 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 Date SOMM 70 Obeyilme Phone # 914. 232.1515					
Typed or printed name of signing Managing Member/Manager					

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