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239-992-1212

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT

1. Limited Liability Company's Name

Luxury Values Direct, LLC

L06000039777 07

2. Principal Office Address - No P.O. Box #

27820 S. TAMiami

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

City & State

Bonita Springs FL

City & State

Zip

34134

Country

USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

ALBA, RUSSELL T. ESQ.

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

101 S. FRANKLIN St.

Suite, Apt. #, Etc.

Suite 202

City

Tampa

State

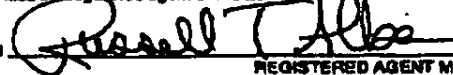
FL

Zip Code

33602

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 1/30/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Names of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	Charles "Kevin" Waters	5731 SW 9th Ct.	Cape Coral, FL 33914
CFO	Patrick J. Hopper	2116 Mission Dr.	Naples, FL 34109
REINSTATEMENT 2007-2009			
300142746063			
02/04/09--01002--009 **516.25			

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 608.405, 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

1/30/09

Daytime Phone #

239-992-8600

Typed or printed name of signing Managing Member/Manager

Patrick J. Hopper

FILED
00 FEB - 3 PM 2:35
TALLAHASSEE, FLORIDA
CR26041 (1008)

☐ 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.