L06000076644

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV 10 PM 2:52

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000076644

1. Limited Liability Company's Name

International Luxury Developments LLC

07

400162696454

CR2E041 (10/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	4. State/Country of Formation
2578 Enterprise Road	2578 Enterprise Road	FLorida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organized or Qualified to Do Business in Florida: 08/02/2006
City & State: Orange City, FL	City & State: Orange City, FL	6. FEI Number: NA ☐ Applied For ☐ Not Applicable
Zip: 32763 Country: USA	Zip: 32763 Country: USA	7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Florida Filing & Search Services Inc.

Street Address (P.O. Box Number Is Not Acceptable)
155 Office Plaza Drive

Suite, Apt. #, Etc.
Suite A

City: Tallahassee State: FL Zip Code: 32301

☑ **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 fee 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: RD Hodge Date: 11/10/09
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MGRM	Sanda Marusic	2578 Enterprise Road	Orange City, FL 32763

REINSTATEMENT 2007-2009

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided 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 _____ Daytime Phone # _____

Typed or printed name of Signing Managing Member/Manager _____

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FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: **11-10-09**

NAME: INTERNATIONAL LUXURY DEVELOPMENTS, LLC

TYPE OF FILING: **REINSTATEMENT**

COST: **$416.25**

RETURN:

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ACCOUNT: **FCA000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE**

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