

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC 30 PM 2:25

DOCUMENT # **L07000006722**

1. Limited Liability Company's Name

**LUXURY MOTORS ENTERPRISES
69 LLC**

CR2E041 (11/09)

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

9765 S. Orange Blossom trail

Suite, Apt. #, etc.

Ste: 43

City & State

Orlando, FL

Zip

32837

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

(Same)

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/18/2007

6. FEI Number

20-8247647

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

Jonathan Mejia

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

9765 S. Orange Blossom Trail

Suite, Apt. #, Etc.

Ste: 43

City

Orlando

State

FL

Zip Code

32837

☒ 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

Jonathan Mejia

REGISTERED AGENT MUST SIGN

Date

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
MEM	Jonathan Mejia	9765 S. Orange Blossom Trail #43	Orlando FL 32837
MEM	Tomy Guzman	9765 S. Orange Blossom Trail #43	Orlando FL 32837

STATEMENT

2009

600164050726

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11. E-mail Address:

(To be used for future 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 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

[Signature]

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager