


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2018 APR 26 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L10000117595**

1. Limited Liability Company's Name  
Lumis Investments LLC

000312641610  
04/26/18--01008--012 \*\*377.50

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #  
115 E. Palm Midway

3. Mailing Office Address  
115 E. Palm Midway

Suite, Apt. #, etc.

4. State/Country of Formation  
Florida

5. Date Organized or Qualified To Do Business in Florida 11/12/2010

City & State  
Miami Beach, Florida

City & State  
Miami Beach, Florida

6. FB Number  Applied For  Not Applicable

Zip	Country	Zip	Country
33139	US	33139	US

7. CERTIFICATE OF STATUS DESIRED  \$2.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name  
Langen & Langen P.A.

Street Address (P.O. Box Number is Not Acceptable) Suits  
115 E. Palm Midway

Apt. #, Etc.

City	State	Zip Code
Miami Beach	FL	33139

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *[Signature]* **REGISTERED AGENT MUST SIGN** Date 4/20/2018

10. Name and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Hilary Langen	115 E. Palm Midway	Miami Beach, Fla. 33139

11. E-mail Address: Hilarytravels@hotmail.com

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member *[Signature]* Date 4/20/18 Daytime Phone # (305) 674-0023

Typed or printed name of signing authorized representative/member Hilary Langen, Manager

*[Handwritten signature]*