

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000158558

1. Limited Liability Company's Name

Luxe Haus, LLC

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

420 S Dixie Hwy

3. Mailing Office Address

420 S Dixie Hwy

Suite, Apt. #, etc

Suite 2B

Suite, Apt. #, etc

Suite 2B

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33146

Country

U.S.A.

Zip

33146

Country

U.S.A.

8. Name and Address of Current Registered Agent

Name

Richard Philippe

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

420 S Dixie Hwy, Suite 2B

Apt. #, Etc

City

Coral Gables

State

FL

Zip Code

33146

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

REGISTERED AGENT MUST SIGN

Date 8/8/18

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Richard Philippe	420 S Dixie Hwy, Ste 2B	Coral Gables, FL 33146

11. E-mail Address lbbeatsirs@aol.com

(To be used for future annual report notifications)

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

Date

8/8/18

Daytime Phone #

(305) 232-8477

Typed or printed name of signing authorized representative/member

FILED
18 AUG 15 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400817217944
08/15/18--01026--013 **880.00

REINSTATEMENT 2015-18

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/12/3013

6. FEI Number

46-4145588

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status