PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

COMPANY REINSTATEMENT

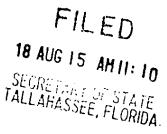


FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# L 13000/58558

1. Limited Liability Company's Name

Luxe Haus, LLC





400317217944 08/15/18--01026--013 **680,00

2. Principal Office 420 S Dixie	Address - No P.O. Box# Hwy	Mailing Office Address 420 S Dixie Hwy			DEIAICTATE MEANT 2015 - 18
Suite, Apt #, etc		Suite, Apt. #, etc			Florida
Suite 2B		Suite 2B			5 Date Organized or Qualified To Do Business in Flonda 11/12/3013
City 3 State		City & State			10 L0 business in Florida FFF 12750 15
Coral Gables, FL		Coral Gables, FL			6. FEI Number Applied For 46-4145588 Not Applicable
Zιρ	Country	Zip		intry	Total Control
33146	U.S.A.	33146	U	.S.A.	7. CERTIFICATE OF STATUSDESIRED 55.00 Additional Fee required for a certificate of status
	8. Name and Addre	ess of Current Registered A	gent		
Richard Philippe				_	
Street Addiess (P.O. Box Number is Not Acceptable) Suite, 420 S. Dixie Hwy, Suite 2B					
Apt. #. Etc					
City Coral Gables			State FL	Zip Code 33146	<u></u> !
9. I, being appo	inled the registered agent of the	above namen im ned trainity co	mpany, a	m familiar with and	d accept the obligations of Chapter 605, F.S.
* Signature of Registered Agent		REGIBLERED AGENT MUST S	> IGN		Date 8/8/18
10 Names and 9	reet Addresses of Authorized Rep				
Titles	Name of Authorized Representatives/ Managers			Sireet Address of Ea althorized Represent Manager	
MGR	Richard Philippe		420 \$	S Dixie Hwy,	Ste 2B Coral Gables, FL 33146
					
11. E-mail Addres	s lbbeatsirs@aol.co				
certify that when the 605 0012, F,S,, a shall have the sar	filing this reinstatement applicat no that all fees owed by the lim	el manager or the receiver or tion the reason for dissolution ited liability company have be	trustee e has beer en paid.	reliminated, the lim The information inc	ecute this application as provided for in Chapter 605, F.S. I further imited liability company name satisfies the requirement of section adicated on this application is true and accurate, and my signature document to the Department of State constitutes a third degree
Signature of author	orized representative/member_			Date	8/8//8 Daytime Phone # (305) 232-8477
Typed or printed r	name of signing authorized repr	esentative/member			
		/			