

M07000000655

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 17 PM 1:13

600172401306

CR2E041 (12/07)

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

LUFI COMMUNICATIONS, LLC

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2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2005 Biscayne Blvd		(same)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
2650			
City & State		City & State	
Miami FL			
Zip	Country	Zip	Country
33131	USA		

4. State/Country of Formation	
Delaware / USA	
5. Date Organized or Qualified To Do Business in Florida	
02/01/2007	
6. FEI Number	Applied For
20-83302GB	Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

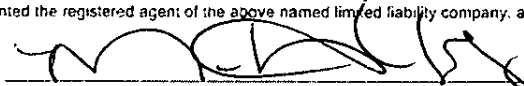
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays St

Suite, Apt. #, Etc.:

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 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:  **Matthew Young as its agent** Date: 3-16-10

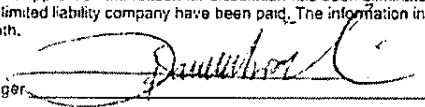
REGISTERED AGENT MUST SIGN

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
Mr	Sayo Isaac Daniel	2005 Biscayne Blvd	
M	Paul Nigada	200 S Biscayne Blvd	

REINSTATEMENT 2008-2010

11. 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:  Date: 3/16/10 Daytime Phone #: 305-371-5850

Typed or printed name of signing Managing Member/Manager: Sayo Isaac Daniel



CORPORATION SERVICE COMPANY

MO7000000655

ACCOUNT NO. : I20000000195

REFERENCE : 318414 7553384

AUTHORIZATION : *Synthesia*

COST LIMIT : \$ 516.25

ORDER DATE : March 16, 2010

ORDER TIME : 5:16 PM

ORDER NO. : 318414-005

CUSTOMER NO: 7553384

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 17 PM 1:13

REINSTATEMENT

NAME: LUFU COMMUNICATIONS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2010 MAR 17 AM 10:46
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING