

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000115962

Entity Name: THE LUXE GROUP, INC.

FILED
Oct 22, 2008
Secretary of State

Current Principal Place of Business:

304 HUDSON STREET
5 FLOOR
NEW YORK, NY 10013

Current Mailing Address:

36 NE 1ST ST, STE 210
MIAMI, FL 33132

New Principal Place of Business:

411 WALNUT STREET
4611
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

411 WALNUT STREET
4611
GREEN COVE SPRINGS, FL 32043

FEI Number: 65-1069107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE, STE 125
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

FIRST CARE EMERGENCY MEDICAL SERVICES LLC.
411 WALNUT STREET
4611
GREEN COVE SPRINGS, FL 32043 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRAD SCHNEIDER

10/22/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: FUHRMAN, DAN
Address: 36 NE 1ST ST, STE 210
City-St-Zip: MIAMI, FL 33132

Title: DIR (X) Delete
Name: FUHRMAN, DAVID
Address: 304 HUDSON STREET, 5 FLOOR
City-St-Zip: NEW YORK, NY 10013

Title: DIR (X) Delete
Name: FUHRMAN, ISAAC
Address: 304 HUDSON STREET, 5 FLOOR
City-St-Zip: NEW YORK, NY 10013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: KING, ERICKA
Address: P.O. BOX 18392
City-St-Zip: ATLANTA, GA 30317

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERICKA M. KING

CEO

10/22/2008

Electronic Signature of Signing Officer or Director

Date