

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 DEC 11 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000001799

1. Corporation Name

THE LUGGAGE OUTLET INC

2. Principal Office Address

11401 NW 12 ST

Suite, Apt. #, etc.

136

City & State

MIAMI FL

Zip

33172

Country

DADE

3. Mailing Office Address

11401 NW 12 STREET

Suite, Apt. #, etc.

136

City & State

MIAMI FL

Zip

33172

Country

DADE

REINSTATEMENT 03-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/2001

5. FFL Number

651066256

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BARBERA, KADEL

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

11401 NW 12 ST

Suite, Apt. #, Etc.

136

City

MIAMI

State

FL

Zip Code

33172

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/7/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BARBERA, KADEL	7500 sw 67 st	Miami FL 33143
D	Semel, David	2221 NE 164 St #1000	N.M.Beach FL 33160

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/7/06

Daytime Phone #