PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

P02000112952 DOCUMENT

1. Corporation Name

incinal Place of Business	Mailing Addr

If above addresses are incorrect in any way, line th	nrough incorrect information and enter correction below.				
2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable				
Suite, Apt. #, etc. 7-26/	Suite, Apt. #, etc.				
Survy /sles FL	Survey Isles FL				
Zip 33 160 Country C4	Zip 33/60 Country SA				

FILED

04 JAN 22 PM 3: 19

SECRETATY OF STATE

UXUR	Y PROPERTIES GROUP	P. INC.					MERNI LEGISTER		
						DEINC	TATEMENT	773-04	
Principal Pla	ace of Business	Mailing Addres	3\$		Ğ		A SA SECTION OF THE THEORY OF THE SAME OF		
2129 N. UNI	VERSITY DR.	2129 N. UNIVE	rsity dr.						
	NGS FL 33071	CORAL SRING	S FL 33071				 	ERE INDIA NOMBLE BURNE UND HOEF	
-			-			E 12	00274044	L25	
If above a	ddresses are incorrect in any way, line th	rough incorrect inf	ormation a	nd enter cor	rection below.	1 20 x 120 00 1	ma aiöös A18	**300.00	
2. New Prin	New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 17070 Collins Av				Date Incorporated or Qualified To Do Business in Florida 10/21/2002				
Suite, Apt. #	t, etc.	Suite, Apt. #,	etc.,			5. FEI Number		Applied For	
City & State	7-26/	City & State					48574	Not Applicable	
City & State		Surv	y 15	les	FL	6.	St	3.75 Additional Fee required	
Zip331	60 Country SA	Zip 33/2	50	Country_	SA.	CERTIFICATE	OF STATUS DESIRED 🗆	for a Certificate of Status	
7. Names a	and Street Addresses of Each Officer and	/or Director (Flor	ida nonprof	fit corporatio	ns must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Ea Officer and/or Direct			Address of Eac	h City / State / Zin			
PSTD				129 N. UNIVERSITY DR.			CORAL SRINGS FL 33071		
			-					<u>., ., ., ., ., ., ., ., ., ., ., ., ., .</u>	
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						***		*	
	8. Name and Address of Curren	t Registered Age	ent		-10.	9. Name and Address of New Registered Agent			
· ·					Name ///	dinip	Apoleku		
SPIEG	GEL & UTRERA, P.A.			}	Street Address	(P.O. Box Numbe	r is Not Acceptable		
				(P.O. Box Number is Not Acceptable) NE 28 av					
	LOOR				Suite, Apt. #, E	tc.			
MIAM	I FL 33145				97,/-	0-40	St	ate Zip Code	
				1	Pompe		each F	L 33062	
10. I, bein	g appointed the registered agent of the a	bove named corp	oration, am	familiar with	and accept the	obligations of Sec	ction 607.0505, F.S. or 617.0	505, F.Ş.	
0:		es	· .				1/1	5/04	

11. 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 under section 119.07(3)(i), 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 of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EGISTERED AGENT MUST SIGN

Luxury Properties Group Inc dba/ Century 21 Oceanfront Realty 17070 Collins Ave #261 Sunny Isles, FL 33160 Telephone: 305-949-1245

01/15/2004

To Whom It May Concern:

I am writing to inform you that the reason an Annual Report was not filed last year for Luxury Properties Group Inc was because you had the wrong address on file and we never received any notice. The correct address is 17070 Collins Ave #261, Sunny Isles, Florida, 33160. I have enclosed the necessary forms and fees and if you have any questions, feel free to contact me at any time. Thank you in advance.

Vladimir Abolsky

Broker/Owner/President