APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

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1. Corporation Nam	T# P02000						06 SEE) - C AI	4 0
Luxury Va	cation, Inc.								1 8: 50
						HEMS7	atem	ENT	\
Driveinal Place of P		Mailing Addres							0>-06
Principal Place of B	usiness	Maining Address	3						
						3. Date Incorporat	ed or Qualified	3a. Date	of Last Report
						10/30/2002		N/A	
2. Principal Place of	Business	2a. Mailing Add	lress			4. FEI Number	×		Applied For
21 550 11TH ST.		26 550 11TH	ST.						Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.				and Desired	\$8.3	75 Additional
22		27	_			5. Certificate of Si	tatus Desired	Fee Fee	Required
City & State		City & State				6. Election Campa	aign Financing	\$5.0	00 May Be
23 Miami Beach	FL	28 Miami Be	ach FL			Trust Fund Contri			ed to Fees
Zip	County	Zip	Cot	unty		8. This corporatio	n has liability f	or intangible	e tax under
33139	25 Miami-Dade	29 33139	30	Miami	-Dade	s. 199.032, Florida	s. 199.032, Florida Statutes Yes No		
9. N	me and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered Agent			
			<u> </u>	81	Name	AGD ANUCL EGO			
				<u> </u>		ACDANIEL, ESQ.			
				82		ss (P.O. Box Number is N BISCAYNE BLVD., S)	
				83	2500111	BISCATIL BETD., S			
				0.3					i
					Cim			7: 0 1	
				84	City	***	FL.	Zip Cod	e
11. Pursuant to the	provisions of Sections 6	07.1508. Florida Statutes.	he above-		MIAMI	mits this statement for th	FL	33131	
11. Pursuant to the registered agent, or	provisions of Sections 60 both, in the State of Flo	07.1508, Florida Statutes, orida. Such change was a	he above- thorized t	-named co	MIAMI orporation sub	emits this statement for the	FL e purpose of ch	33131 anging its re	gistered office or
registered agent, or am familiar with, an	provisions of Sections 61 both, in the State of Flo d accept the obligations of	orida,. Such change was a of, Section 607.0505, Flori	ithorized l da Statute	named co	MIAMI orporation sub rporation's bo	ard of directors. I hereby	FL e purpose of ch	33131 anging its re	gistered office or
registered agent, or am familiar with, an SIGNATURE	both, in the State of Flo d accept the obligations	orida,. Such change was a of, Section 607.0505, Flori	ithorized t da Statute MCDANI	named co by the co es. IEL, ESQ	MIAMI orporation sub rporation's bo	omits this statement for the lard of directors. I hereby as attorney-in-fact signature required when reinstating	FL e purpose of ch accept the appo	33131 anging its re pintment as	gistered office or
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14. I do nereby certify that the ignormations upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 or an assertment with an address.

Christophe Brayer, Director by T. Baez as attorney-in-fact 09/05/2006 305-672-0686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone (SIGNATURE

Florida Department of State Division of Corporation Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Luxury Vacation, Inc.

Enclosed are the following:

- 1. Uniform Business Report for the company referenced above.
- 2. check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2003, 2004, 2005, 2006	
,	

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: Christophe Brayer, Director - T. Barz as afterny in fact

Name: Taide Baez

Title:

Date: 4/5/06