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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 25 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000049742

1. Corporation Name

LUXY INC

2. Principal Office Address

11790 ST. ANDREWS PLACE

3. Mailing Office Address

11790 ST. ANDREWS PLACE

Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

207

City & State

Wellington FL

City & State

Wellington FL

Zip

33414

Country

US

Zip

33414

Country

US

REINSTATEMENT

04

4. Date Incorporated or Qualified To Do Business in Florida

5/5/2003

5. FEI Number

58-2676150

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 RAUL TRIIPAN

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

11790 ST ANDREWS PL

Suite, Apt. #, Etc.

207

City

Wellington

State

FL

Zip Code

33414

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/12/04

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
PV	RAUL TRIIPAN	11790 ST. ANDREWS PLACE #207	WELLINGTON, FL 33414
Sec	FAITH BAILEY	57th STUART CIR	GREENACRES, FL 33463

500042103875
10/26/04--01082--012 **150.00

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 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:

[Signature] RAUL TRIIPAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-04 (561) 628-5221

Date

Daytime Phone #

CR2E081 (01/04)

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To: Division of Corporations
From: Raul Triipan, President, Luxy Inc.

RE: Luxy Inc.

ATTN SEAN TONER

To Whom it May Concern,

I never received the postcard to renew the corporation. I think it was a combination of the **2 hurricanes that hit Palm Beach county**. I talked to Gloria at your office and she told me that I don't have to pay the \$550 late fee. She said you can reinstate me for the regular renewal fee of \$150.

If you have any questions, please call me at 561-628-5221

Thank you.

Sincerely,


Raul Triipan

RECEIVED
DIVISION OF CORPORATIONS
JAN 12 2005