

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000099239

1. Corporation Name

Luxmatic Inc.

2. Principal Office Address - No P.O. Box #

2133 S.W. 104 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33165

Country

USA

3. Mailing Office Address

2133 S.W. 104 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33165

Country

USA

7. Name and Address of Current Registered Agent

Name

Juan Delgado

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

2133 S.W. 104 Avenue

Suite, Apt. # Etc.

City

Miami

State

FL

Zip Code

33165

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 01/03/2008

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
PD	David Delgado	2133 S.W. 104 Avenue	Miami, Florida, 33165
STD	Juan Delgado	2133 S.W. 104 Avenue	Miami, Florida, 33165

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 817, 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:

Juan Delgado

01/03/2008

305-794-2505

FILED

08 JAN -8 AM 10:46

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

500114241909

01/08/08--01005--011 **500.00

REINSTATEMENT

05-08

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/2003

5. FFI Number
32-0208066

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.