

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000015218

1. Corporation Name

Luxury Home Builders, Inc.

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

7301 Willowbranch Ct

Suite, Apt. #, etc.

3. Mailing Office Address

7301 Willowbranch Ct

Suite, Apt. #, etc.

City & State

Richmond, VA

City & State

Richmond, VA

Zip

23234

Country

USA

Zip

23234

Country

USA

000199670170
03/29/11--01011--026 **1235.00

CR28081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

Jan 2004

5. FEI Number

900139769

☐ 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

J. Carter Moore

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

5047 Jamaica Circle

Suite, Apt. #, Etc.

City

Orlando ORLANDO

State

FL

Zip Code

32808

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 29 PM 3:28

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

J. Carter Moore
REGISTERED AGENT MUST SIGN

Date 3-7-11

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
PST	Michael Galavotti	7301 Willowbranch Ct	Richmond, VA 23234

10. E-mail Address: kgalavotti@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Michael Galavotti
MICHAEL GALAVOTTI

3/11/11

757-342-9757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #