

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JAN -8 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07



01052007 REIN-P CR2E098 (11/05)

4. FEI Number **33-1129720** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P05000162248

1. Entity Name
LUXE REAL ESTATE, INC.



Principal Place of Business
**701 SOUTH BUMBY AVENUE
ORLANDO, FL**

Mailing Address
**701 SOUTH BUMBY AVENUE
ORLANDO, FL**

2. Principal Place of Business
1179 PALLISTER LN.

3. Mailing Address
1179 PALLISTER LN.

Suite, Apt. #, etc.

City & State
HEATHROW, FL

City & State
HEATHROW, FL

Zip
32746 Country
USA

Zip
32746 Country
USA

6. Name and Address of Current Registered Agent

**FINKBEINER, FRANK G ESQ.
108 EAST HILLCREST STREET
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **1-5-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HUNTER, ALLISON R 701 SOUTH BUMBY AVENUE ORLANDO, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ALLISON R. Flood <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1179 PALLISTER LN. HEATHROW, FL 32746 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* F/K/A Allison R. Hunter 1-5-07 321 302 5005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #