2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000148121

1. Entity Name
THE LUTZ GROUP, INC.

07 NOV 29 PH 1:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
1690 DUNLAUTON AVE PORT ORANGE, FL 32127	1690 DUNLAUTON AVE PORT ORANGE, FL 32127

10182007   REIN-P   CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box # 246 S. BEACH ST	**3.** Mailing Address	**4.** FEI Number 20-5972118	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Not Applicable
City & State DAYTONA BEACH, FL	City & State	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 32114 Country USA	Zip Country		

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
BRIAN R. TOUNG, P.A. 213 SILVER BEACH AVE DAYTONA BEACH, FL 32118	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, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
DATE 11-28-07

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $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 D NAME LUTZ, KENDALL STREET ADDRESS 1690 DUNLAUTON AVE CITY-ST-ZIP PORT ORANGE, FL 32127		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600112699296 11/29/07--01043--003 **150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2007	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☑ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 11-28-07
Daytime Phone # 847-980-8987