2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000148121 1. Entity Name THE LUTZ GROUP, INC.							FILED 08 DEC -3 PH 4: 01			
Principal Plac 246 S. BEAC DAYTONA BE	CH ST.		Mailing Address 1690 DUNLAUTON AVE PORT ORANGE, FL 32127			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal P		ness - No P.O. Box #	3. Mailing Address 1690 DUNLAWTON AVE Suite, Apt. #, etc.				IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	1811 BIRGE ISIBI IIRIS IISBI MI		
City & Stat	te		# 13D City & State			4. FEI Numb	er		plied For	
Zip		Country	Zip 2127 Country			20-597 5. Certificate	2118 of Status Desired	□ \$8.75 Add		
6. Name and Address of Current I			<u> </u>			7. Name and Address of New Registered Agent				
BRIAN R.	TOUNG I	D A			Name					
213 SILVE DAYTONA	R BEACH	IAVE	Street Address ((P.O. Box Numb	er is Not Acceptable)				
					City			FL Zip Cod	e	
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 1 0 0 1 0 0 1 0 0 1 0 1 0 1 0 1 0 1 0										
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.									F.S., the notice.	
10.	1	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFIC	ERS AND DIRECTOR	\$ IN 11	
TITLE NAME	D LUTZ, KE	NDALL	Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1690 DUN	NLAUTON AVE VANGE, FL 32127		STREE	T ADORESS ST-ZIP	51 12/0	301384 : 3/0801036	1 1065 1885 **150.1	00	
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STREET ADDRESS		Λ		STREE	T ADDRESS			12	/2	
12. Thereby	certify that th	e information supplied with	h this filing does not qualify for		ST-ZIP	d in Chanter 119	9. Florida Statutes, Ufin	rther certify that the in	oformation .	
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 eport 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 11-30-8										
1	,-	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECTO	OR		Date	Daytime Phone #		