


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # <u>093000070278</u> | | | |
| 1. Corporation Name <u>LOOX AGENCY, INC.</u> | | | |
| 2. Principal Office Address <u>20 Island Avenue</u> Suite, Apt. #, etc. <u>1214</u> City & State <u>Miami Beach, FL</u> Zip <u>33139</u> Country <u>USA</u> | | 3. Mailing Office Address <u>20 Island Avenue</u> Suite, Apt. #, etc. <u>1214</u> City & State <u>Miami Beach, FL</u> Zip <u>33139</u> Country <u>USA</u> | |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 02

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| 4. Date Incorporated or Qualified To Do Business in Florida <u>10/6/93</u> | |
| 5. FEI Number <u>65-0443076</u> | Applied For <input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

| | | |
|--|---------------------------|---------------------------------|
| 7. Name and Address of Current Registered Agent | | |
| Name <u>Rupen Etian</u> | | |
| Street Address (P.O. Box Number is Not Acceptable) <u>20 Island Avenue</u> | | |
| Suite, Apt. #, Etc. <u>1214</u> | | |
| City <u>Miami Beach</u> | State <u>FL</u> | Zip Code <u>33139</u> |

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

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 |
|--------|-----------------------------------|--|--------------------|
| P | Heide Diedrich | Ruh Poldinger, Str 14 | Munchen 81825 GE |
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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 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., 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 under section 119.07(3)(i), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)