

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000080250

1. Corporation Name

D'lux Services Inc.

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

6060 W 8th AVE

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

Zip

33012

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

USA

600129974296
05/21/08--01002--038 **2100.00

REINSTATEMENT 95-08

4. Date Incorporated or Qualified

To Do Business in Florida 10-31-1994

5. FEI Number

65-0567832

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

SERGIO A. CALVO

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

6060 W 8th AVE

Suite, Apt. #, Etc.

City

HIALEAH,

State

FL

Zip Code

33012



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Sergio A. Calvo
REGISTERED AGENT MUST SIGN

Date 5/13/2008

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
OWNER	SERGIO A. CALVO	6060 W. 8TH AVE	Hialeah, Florida 33012

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 contained in Chapter 119, 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 Sergio A. Calvo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/08

Date

305-817-0804

Daytime Phone #