

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY 27 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000003069

1. Corporation Name

FIRST LUXAM PUBLISHING GROUP, INC.  
801 SE 12 AVENUE  
DEERFIELD BEACH, FL 33441

*[Handwritten Signature]*

2. Principal Office Address

801 SE 12 AVENUE

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 99-03**

4. Date Incorporated or Qualified  
To Do Business in Florida

1/05/1996

5. FEI Number

65-0638078

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

KARINA FERRELL

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

801 SE 12 AVENUE

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33441

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

*Karina Ferrell*

Date

5.19.03

REGISTERED AGENT MUST SIGN

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
PST	KARINA FERRELL	801 SE 12 AVENUE	DEERFIELD BEACH, FL 33441

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:

*Karina Ferrell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.19.03

Date

(561) 305-3776

Daytime Phone #

CR2E081 (10/02)