

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT -6 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000064296

1. Corporation Name

Lulu's Orlando, Inc.

2. Principal Office Address

13300-56 S. Cleveland Ave

Suite, Apt. #, etc.

318

City & State

Font Myers, FL

Zip

33907

Country

LEE

3. Mailing Office Address

13300-56 S. Cleveland Ave

Suite, Apt. #, etc.

318

City & State

Font Myers, FL

Zip

33907

Country

LEE

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/24/97

5. FEI Number

593464370

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

03-06

7. Name and Address of Current Registered Agent

Name

Todd Levine

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

13300-56 S. Cleveland Ave

Suite, Apt. #, Etc.

318

City

Font Myers

State

FL

Zip Code

33907

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

Todd Levine

Date

10/4/06

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 |
|--------|--------------------------------------|---|----------------------|
| D | Todd Levine | 13300-56 S Cleveland Ave #318 | Font Myers, FL 33907 |
| D | JEFF Levine | 3134 Westminster Dr | Boca Raton, FL 33496 |
| D | John Lammertz | 3349 West 33 Ave | Denver, CO 80211 |
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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 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:

Todd Levine

Todd Levine

10/4/06

Date

407-234-5858

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR