

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 14 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000018266

1. Corporation Name

LUXART COMMUNICATIONS USA, INC.

2. Principal Office Address

7800 W. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

BUILDING "G"

City & State

SUNRISE, FLORIDA

Zip

33351

Country

USA

3. Mailing Office Address

7800 W. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

BUILDING "G"

City & State

SUNRISE, FLORIDA

Zip

33351

Country

USA

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*****1050.00 ***1050.00**

REINSTATEMENT 99-02

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

02/25/98

5. FEI Number

65-0814762

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

BRAULT, MICHAEL

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

7800 W. OAKLAND PARK BLVD.

Suite, Apt. #, Etc.

BUILDING "G"

City

SUNRISE

State
FL

Zip Code

33351

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

Michael Brault

REGISTERED AGENT MUST SIGN

Date **01/29/2002**

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	LEDOUX, ROGER	7800 W OAKLAND PARK BLVD. #G	SUNRISE, FLORIDA 33351

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten signature

Date

1/29/02

Daytime Phone #

CR2E081 (9/00)