

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 20 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/10/02--01042--027
***1050.00 ***1050.00

DOCUMENT # **P98000087418**

1. Corporation Name

La Grande Luxe, Inc.

2. Principal Office Address

c/o Mark D. Cohen, Esq.

3. Mailing Office Address

c/o Mark D. Cohen, Esq.

Suite, Apt. #, etc.

4000 Hollywood Blvd.,
#400 North

Suite, Apt. #, etc.

4000 Hollywood Blvd.
#400 North

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33021

Country

USA

Zip

33021

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 10/13/98

5. FEI Number

65-0872722

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

Mark D. Cohen, Esq., Mark D. Cohen, P.A.

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

4000 Hollywood Blvd.

Suite, Apt. #, Etc.

Ste. 400 North

City

Hollywood

State
FL

Zip Code
33021

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 8/19/02

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
PRES	Mary Anne Richter	c/o Mark D. Cohen, Esq. 4000 Hollywood Blvd., #400 North	Hollywood, FL 33021

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: *Mary Anne Richter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/02

Date

Daytime Phone #

CR2E081 (9/01)