PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND FILED

96 NOV 18 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L23583

1. Corporation Name

LUKE DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
8400 NE 2 Avenue Miami, FL 33138	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/18/89

5. FEI Number: 65-0150223 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPS	LUTHER CAMPBELL	8400 NE 2 Avenue	Miami, FL 33138

REINSTATEMENT 1996
11-18-96

8. Name and Address of Current Registered Agent

LUKE, INC.
8400 NE 2 Avenue
Miami, FL

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

Zip Code

200002010662--9
-11/21/96--01019--009
****5[illegible] FL ****575.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent ✓ Date 11-13-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or [illegible] 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 [illegible] has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. 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: ✓ 11-13-96 Jr-12-6120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E060 (12/95)

Law Office
of
Myron J. Rayvis

Telephone
(305) 260-0077

7333 Coral Way, Suite C
Miami, Florida 33155

November 14, 1996

Secretary of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl 32314

RE: NAME : Luke Development, Inc.
PROPERTY ADDRESS : 14311 N.W. 13 Avenue, Miami, Fl
OUR FILE NO. : 96-7205

Enclosed herewith please find an original Application for Reinstatement on the above mentioned corporation and a check in the amount of $575.00 for reinstatement fee.

Very truly yours,

CARMEN L. PEREZ