PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS						
					2009 SEP 15 P 2: 34	
DOCUMENT # P06000142296 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
LUKOT INC.						
				7 09/1	00160674267 5/0901015010 **1050.00	
2. Principal Office Address - No P.O. Box # 3. Mailin 18911 COLLINS AVE.			Address		CR2E081 (12/08)	
Suite, Apt. #, etc. Suite, Apt.						
2006					porated or Qualified iness in Florida 11/13/2006	
City & State SUNNY IS	SLES BEACH, FL	City & State		5. FEI Numbe	Applied For ✓ Not Applicable	
Zip 33160	Country US	Zip	Country	6. CERTIFICATE	S8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent						
Name PINKOS LUKOWIECKY				☐ The re	☐ The reinstatement fee is imposed, except in	
Street Address (P.O. Box Number is Not Acceptable) 18911 COLLINS AVE.				circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement		
Suite, Apt. #, Etc. 2006						
SUNNY ISLES BEACH			State Zip Code 33160	fee be waived.		
8. I, being appointed the registrated above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.						
Signature of Registered Agent Date 9/8/2009						
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	
DP PI	PINKOS LUKOWIECKY		18911 COLLINS AVE., SUITE 2006		SUNNY ISLES BEACH, FL 33160	
D VP RU	RUTH GRUNHAUS 18911 COLLINS AVE., SU		TE 2006	SUNNY ISLES BEACH, FL 33160		
D VP MI	MIKE LUKOWIECKY		18911 COLLINS AVE., SUITE 2006		SUNNY ISLES BEACH, FL 33160	
			Ţ	FIN	STATEMENT	
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10. I certify that I am an officer or director or the relayer brustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissuppoint 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 part and section of the provided for 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 the provided for individuals listed on the same legal effect as if made under oath.						
SIGNATURE: PINKOS LUKOWIECKY 9/8/2009 786-554-1030						
SIGNATURE: PINKOS LUKOWIECKY 9/8/2009 786-554-1030 SIGNATURE AND RIPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Diste Daytime Phone #						