


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 SEP -9 12 12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**  
2016



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000097678  
1. Corporation Name

**LUMINA PROPERTIES, INC**

2. Principal Office Address - No P.O. Box # 905 Brickell Bay Drive Suite, Apt. #, etc. Tower 2, suite 1226 City & State Miami, FL Zip 33131		Country US		3. Mailing Office Address 905 Brickell Bay Drive Suite, Apt. #, etc. Tower 2, suite 1226 City & State Miami, FL Zip 33131		Country US	
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CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida  
12/27/1995

5. FEI Number  
65-0670574

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
PARRISH M SANCHEZ

Street Address (P.O. Box Number is NOT Acceptable)  
8300 NW 53 ST  
Suite, Apt. #, Etc.  
108

City  
Doral

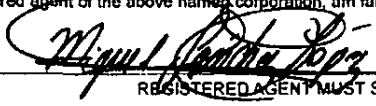
State  
FL

Zip Code  
33166

100289244381  
09/09/16--01016--009 \*\*43.75

100289244381  
08/18/16--01024--020 \*\*500.00

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  Date 8/16/2016

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
P/D	MAURICIO FACUSSE, MIGUEL	905 BRICKELL BAY DRIVE T-II, SUITE 1226	MIAMI, FL 33131
V	FACUSSE, LORENA	905 BRICKELL BAY DRIVE T-II, SUITE 1226	MIAMI, FL 33131
S	RIVERA, MARIA A	905 BRICKELL BAY DRIVE T-II, SUITE 1226	MIAMI, FL 33131
O/M	OLIVARES, PATRICIA	905 BRICKELL BAY DRIVE T-II, SUITE 1226	MIAMI, FL 33131

10. E-mail Address: msanchez@cbsadvisor.com  
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:  PATRICIA OLIVARES -OFFICER/MANAGER 8/16/2016 (786)-543-9229

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