· 102

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RATION ATEMENT		Se	EPARTMENT cretary of Sta	te		SECRETAR DIVISION OF C	Y OF STATE ORPORATIONS	;
DOCUMENT # G-39369  1. Corporation Name									
Lucky Three Enter				orise J	is in	ems	Taten	ENT of	1-05
2. Principal Offic	a Address	1 Hey	3. Mailing Office	<u>Cleve</u>					4 1500
City & State // City & State/							erated or Qualified 5/2/83		
Holl	4000 Countr	of the	H0/14	WOOD Country	F.C-	5. FEI Mupder	24061	55	Applied For————————————————————————————————————
3200	HO COUNT	, 	3302	70 Summi	<u>-</u>	CERTIFICATE	OF STATUS DESIRE		nal Fee required icate of Status
7. Name and Address of Current Registered Agent									
Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City Holly Wood  State Zip Code FL 33020									
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									
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	
NP C	hang	Yu Ta	19	1133 C	levela	end 5)	Ho/ly	wood	Z
15 C	rung	Wenh	uei /	K33 C	rlevel		1/0//4	wood	7
						01.712 6.1 02.711	/0501053 DQ 044	301866 90186	<del>59.00</del> 150.00
			-		· · ·	02/1/ 02/1	705-0100 <b>DDD 44</b> D/050100	80186 9024 **	
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 filling 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  Daytime Phone #									

Dev Six,

1/4/2005

I didn't receive any renew notice

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Last year, then I went on the internet

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Address: 1533 cleveland \$t.

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