

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # H53232

1. Corporation Name

Alma Luna Corporation

2. Principal Office Address

8505 Mills Dr. D73

3. Mailing Office Address

9425 SW 92nd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fl. 33183-462

City & State

Miami, Fl. 33176

Zip

33183-462

Country

Miami dade

Zip

33176

Country

Miami Dade

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/18/1985

5. FEI Number

59-2523368

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

Alma Luna

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

9425 SW 92nd St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

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**

Alma Luna

REGISTERED AGENT MUST SIGN

Date

9-11-00

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
PSD	Luna Alma	9425 SW 92nd St.	Miami, Fl. 33176

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: *Alma Luna*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CP2E081 (9/99)