

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 MAR 21 PM 3:50

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 ***300.00 ***300.00

DOCUMENT # **J53140**

1. Corporation Name
LENA INC.

2. Principal Office Address
16294 VIA VANITIA WEST
 Suite, Apt. #, etc.

3. Mailing Office Address
16294 VIA VANITIA WEST
 Suite, Apt. #, etc.

City & State
Del Ray Beach

City & State
Del Ray Beach

Zip Country
33484 USA

Zip Country
33484 USA

4. Date Incorporated or Qualified To Do Business in Florida
1/12/87

5. FEI Number
650000907

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
AHRON FARACHE

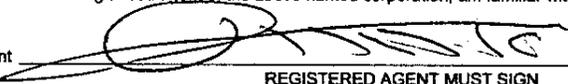
Street Address (P.O. Box Number is Not Acceptable)
16294

Suite, Apt. #, Etc.

City
Delray Beach, FL 33484

State Zip Code
FL

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


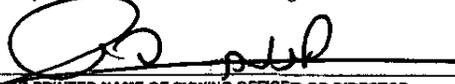
REGISTERED AGENT MUST SIGN

Date
2/22/02

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	LUNA FARACHE	16294 VIA VANITIA WEST	Del Ray Beach 33484
VP	LINA FARACHE	16294 VIA VANITIA WEST	Del Ray Beach 33484
Sec	AHRON FARACHE	16294 VIA VANITIA WEST	Del Ray Beach 33484

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
2/27/2002

Daytime Phone #
954-8036887

CR2E081 (9/01)

2 of 2

LUNA SERVICES INC.

February 26, 2002

Department of corporation

Dear Sir or Madam:

RE: DOCUMENT# J53140

The reason for non-renewal of this corporation for year 2001

- Did not received form
- Address was changed

Sincerely,



Ahron Farache
Secretary