

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

CORPORATION RESTATEMENT

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

DOCUMENT # **J53140**

1. Corporation Name

LENA INC.

700005193647--7
 -04/05/02--01008--003
 ****300.00 ****300.00

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 33484	Country USA	Zip 33484	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1/12/87	
5. FEI Number 650000907	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name **AHRON FARACHE**

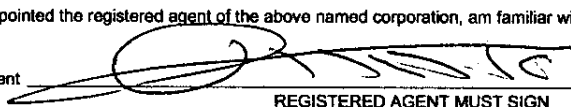
Street Address (P.O. Box Number is Not Acceptable)
16294

Suite, Apt. #, Etc.

City **Delray Beach, FL 33484**

State **FL** Zip Code

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 

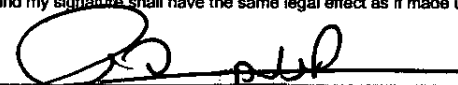
Date **2/22/02**

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	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