


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JAN 12 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K 51392**

1. Corporation Name

Lucal INC.

2. Principal Office Address

4200 NW 12ST

Suite, Apt. #, etc.

City & State

Fort. Lauderdale FL

Zip

33313

Country

USA

3. Mailing Office Address

4200 NW 12ST

Suite, Apt. #, etc.

City & State

Fort. Lauderdale FL

Zip

33313

Country

USA

REINSTATEMENT
CR2781 (1205) 1092-2037

4. Date Incorporated or Qualified To Do Business in Florida

12-07-88

5. FEI Number

76-0846602

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

Gregory Lue

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

208 UTAH AVE

Suite, Apt. #, Etc.

City

Fort. Lauderdale

State

FL

Zip Code

33312

100085635941

01/23/07--01003--014 **3483.75

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

1/9/07


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
PD	Michael R. Lue	1010 Glenn Ave	Lehigh Acres / FL / 33912
VD	Gregory Lue	208 UTAH AVE	Fort. Lauderdale / FL / 33312

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 contained in Chapter 119, 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:

 **Gregory Lue**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/07
Date

(954) 326-4923
Daytime Phone #