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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
03 MAY -6 PM 3:54  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT  
**L01000014044**

DOCUMENT # L01000014044

1. Limited Liability Company's Name  
LUENCA, LLC

2. Principal Office Address  
3508 TAMIAMI TRAIL

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
PORT CHARLOTTE, FL

City & State

Zip  
33952

Country  
USA

Zip

Country

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified To Do Business in Florida  
8/21/2001

6. FEI Number  
65-1131686

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
LUIS A. CASANOVA

Street Address (P.O. Box Number is Not Acceptable)  
3508 TAMIAMI TRAIL

Suite, Apt. #, Etc.

600018314316

City  
PORT CHARLOTTE

State  
FL

Zip Code  
33952

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

X 

Date

5/5/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

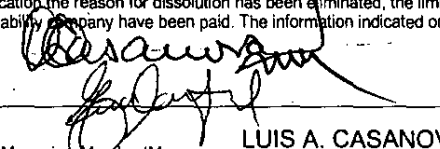
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	LUIS A. CASANOVA	119 SINCLAIR STREET SW	PORT CHARLOTTE, FL 33952
MGRM	ENA C. CASANOVA	119 SINCLAIR STREET SW	PORT CHARLOTTE, FL 33952

REINSTATEMENT

02-03  
AL

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

X 

Date  
5/5/03

Daytime Phone #

(941) 456-4920

Typed or printed name of signing Managing Member/Manager

LUIS A. CASANOVA AND ENA C. CASANOVA

CR2E041 (10/02)



CORPORATION SERVICE COMPANY

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 082779 123706A

AUTHORIZATION :

*Patricia Piziks*

COST LIMIT : \$ 200.00

ORDER DATE : May 6, 2003

ORDER TIME : 2:26 PM

ORDER NO. : 082779-005

CUSTOMER NO: 123706A

CUSTOMER: David E. Olmsted, Esq  
Olmsted & Wilson, P.a.  
Suite 101  
18501 Murdock Circle  
Port Charlotte, FL 33948

DOMESTIC FILINGS

NAME: LUENCA, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS \_\_\_\_\_

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

03 MAY -6 PM 3:26

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