

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LO10000 16776

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 13 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
LUNA PRODUCTIONS & INVESTMENTS, LLC
LO10000 16776

2. Principal Office Address

2262/2264 NW 94 AVE
Suite, Apt. #, etc.

City & State

Miami - Florida

Zip
33172

Country
USA.

3. Mailing Office Address

7270 NW 114 AVE
Suite, Apt. #, etc.

City & State

Doral, Florida

Zip
33178

Country
USA.

4. State/Country of Formation

Florida / USA.

5. Date Organized or Qualified To Do Business in Florida

10/01/2001

6. FEI Number

651144122

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

Orlando Segura

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

7270 NW 114 AVE

Suite, Apt. #, Etc.

107.

City

DORAL.

State
FL

Zip Code

33178.

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

[Signature]

Date

12/09/09.

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
P	Orlando Segura	7270 NW 114 AVE #107	Doral / FL / 33178
MGR	Liliana Luna	7270 NW 114 AVE #107	Doral / FL / 33178

REINSTATEMENT 2003-2004

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

[Signature]

Date

12/09/09

Daytime Phone #

305-5199912

Typed or printed name of signing Managing Member/Manager

Orlando Segura

CR2041 (10/02)