

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

03 JAN 27 AM 10:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05868

1. Corporation Name

LUKE KATE INC
LEON OF LONDON

2. Principal Office Address

2015 Biscayne Blvd.

Suite, Apt. #, etc.

Miami FL 33131

City & State

3. Mailing Office Address

Suite, Apt. #, etc.

109 Padua level

City & State

Zip

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

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

MARIA STELLA GOMEZ

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

13475 NW 12 St Pembroke pines FL 33028

Suite, Apt. #, Etc.

City

Pembroke pines

State

FL

Zip Code

33028

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12.2.02.

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
Pres.	Maria Stella Gomez	13475 NW 12 St Pembroke pines FL, 33028	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.28.02.

Date

Daytime Phone #

CR2E081 (9/01)