

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2024 MAR 23 PM 4:35

SECRETARY OF STATE  
TALLAHASSEE, FL

DOCUMENT # L21000485272

1. Limited Liability Company's Name  
LUMA VENTURE 1 LLC

CR2ED41 (1/14)

2. Principal Office Address - No P.O. Box # 21600 SW 152 Avenue Suite, Apt #, etc		3. Mailing Office Address 21600 SW 152 Avenue Suite, Apt #, etc	
City & State Miami, FL		City & State Miami, FL	
Zip 33170	Country USA	Zip 33170	Country USA

4. State/Country of Formation Florida / USA	
5. Date Organized or Qualified To Do Business in Florida November 10, 2021	
6. FEI Number 87-3573608	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name Luis Castellanos		
Street Address (P.O. Box Number is Not Acceptable) Suite, 21600 SW 152 Ave		
Apt #, Etc		
City Miami	State FL	Zip Code 33170

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 2/15/2024

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Luis Castellanos	21600 SW 152 Avenue	Miami, FL 33170
MGR	Mario Gomez	17040 SW 281 St	Miami, FL 33030
AMBR	Giselle Castellanos	17040 SW 281 St	Miami, FL 33030
AMBR	Gisela Castellanos	21600 SW 152 Avenue	Miami, FL 33170
			APR 17 2024

11. E-mail Address: castellanosluis@aol.com

(To be used for future annual report notifications)

D. CUSHING

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

*[Signature]*  
Luis Castellanos

Date 2/15/2024

Daytime Phone # 305-632-7113