

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV -5 PM 5:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L69557**

1. Corporation Name

Luma Building Corp.

2. Principal Office Address

12969 SW 59 Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33183

Country

U.S.A

3. Mailing Office Address

12969 S.W 59 terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33183

Country

U.S.A

REINSTATEMENT 96-01

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

04/26/90

5. FEI Number

65-0187638

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

LUPERCIO Quintana

600004690238--1

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

12969 S.W 59 terrace

-11720/01--01090--019

*****1508.75 ***1508.75**

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33183

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

Lupercio Quintana
REGISTERED AGENT MUST SIGN

Date **Nov. 2, 2001**

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
P-T	LUPERCIO Quintana	12969 S.W 59 terrace	Miami, FL 33183
S	Maria Quintana	12969 S.W 59 terrace	Miami, FL 33183

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:

LUPERCIO Quintana Nov. 2, 2001 305-282-0604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #