

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 22 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/06/02--01054--002
***1650.00 ***1650.00

REINSTATEMENT

DOCUMENT # L78311

1. Corporation Name

LURIN, Inc.

2. Principal Office Address

15755 S.W. 46TH TR

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33185

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE, 1990

5. FEI Number

65-0220080

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

NITZIA CASTRELLON

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

15755 S.W. 46TH TR.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33185

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 4/26/02

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	RICHARD K. LUCY	15755 SW. 46TH TR.	MIAMI, FL. 33185

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]

RICHARD K. LUCY

Date

4/26/02

Daytime Phone #

305-

229-6023

CR2E081 (9/01)